DOCUMENT RESUME

ED 150 762 EC 103 664

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TITLE The Effects of Mainstreaming and Self-Contained Education for Hearing Impaired Students.
INSTITUTION Los Altos School District, Calif.
SPONS AGENCY California State Dept. of Education, Sacramento.
PUB DATE 15 Aug 77
GRANT 76-71-AC
NOTE 181p.

EDRS PRICE MF-$0.83 HC-$10.03 Plus Postage.
DESCRIPTORS Academic Achievement; Aurally Handicapped; *Deaf; Decision Making; *Educational Programs; Elementary Secondary Education; *Parent Attitudes; Parent Role; *Regular Class Placement; Self Concept; Social Development; *Special Classes; Student Placement; Teacher Attitudes

ABSTRACT

Compared with 14 hearing impaired students (grades 4-9) in either integrated or self contained classes were student achievement and social development, teacher variables, and parental understanding and expectations. Ss' cumulative records were used to obtain IQ and achievement data; Ss were given a self concept rating scale; parents and teachers were also given attitude scales; and structured interviews were conducted with students, parents, teachers, and administrators in both programs. Few significant differences in self concept were found between Ss in the two programs. Parents of integrated students were more likely than parents of self contained students to report there was "no chance at all" that their child would have more deaf than hearing friends as an adult. Structured interview data yielded significant differences among parents of both groups in such areas as confidence in program, knowledge of handicaps; exposure to hearing impaired literature, membership in associations for parents of hearing impaired Ss, and use of sign language. Results were related to how decisions to participate in either type of program are made and to the structure and functioning of each program. (DB)

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THE EFFECTS OF MAINSTREAMING AND SELF-CONTAINED EDUCATION FOR HEARING IMPAIRED STUDENTS

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PREPARED UNDER GRANT NO. 76-71-AC BETWEEN THE CALIFORNIA STATE DEPARTMENT OF EDUCATION AND THE LOS ALTOS SCHOOL DISTRICT

PUPIL SERVICES

LOS ALTOS SCHOOL DISTRICT

AUGUST 15, 1977

EC103664

FOREWORD

Statement of Funding

The study reported here was part of a program of research in Special Education in the Pupil Services Office of the Los Altos School District. The study was carried out during the 1976-77 academic year under the auspices of the Special Education Research Program, supported by Grant No. 76-71-AC between the State Department of Education and the Los Altos School District.

Disclaimer

The full report is reproduced here in this form for distribution as a technical report under the grant, and in order to make complete findings available for others engaged in this research area. Results of this study are the sole responsibility of the investigators. Official endorsement of the California State Department of Education or the Los Altos School District is not implied.

Acknowledgements

We would like to express our gratitude to the parents, teachers and students of the two programs that participated in this study. Special recognition should be given to Marjorie Brown for her tireless efforts in coordinating the various aspects of this study. Her liaison with the parents, teachers, districts and consultants on this project was invaluable to the production of this report.

Gary W. Risley
August 15, 1977

ABSTRACT

The purpose of this study was to compare the important components in two oral hearing impaired educational programs (Integrated and Self-Contained) using a matched sample of students from each program. Comparisons between and within programs were made in terms of student achievement and social development; teacher variables, including skills and needs; and parental understanding, involvement and expectations. The intent was not to assess which program was best for HI education. Two areas of special interest were the effects of integration on regular teachers and on severely handicapped pupils and their peers.

Sample: The original sample of 13 Ss in the Integrated program was reduced to 7 Ss (5 females and 2 males) who ranged in age from 9 - 15 years and were in grades 4 - 9. The range of HI was 5 to 80db in the sound field, better ear aided test situation. Seven children (5 females and 2 males) were selected from the Self-Contained program and matched for age and HI. In addition to the 14 Ss, parents, teachers and administrators were also participants in the study.

Method: Information on IQ and achievement was gathered from the cumulative folder on Integrated and Self-Contained Ss. It was incomplete for Self-Contained Ss.

Each S was given the "How I See Myself Scale" at school as did their respective HI and Non-HI classroom peers. The "Vineland Social Maturity Scale" was obtained on Integrated Ss but abandoned as it was too narrow and inadequate at this age range.

Parents of each S were given the Brown "Parental Information and Attitude Scale for Parents of HI Children" along with a Semantic Differential Checklist on 10 concepts related to HI education. Differences in parents' education, occupation, income and age were not significant. Teachers of each S were given an abridged form to the "Brown Attitude Scale" and "Semantic Differential Check List." Investigators conducted Structured Interviews of the students, parents, teachers and administrators in both programs.

Results: Few significant differences were found between Ss in the Integrated or Self-Contained program on the "How I See Myself Scale." These differences were age dependent and were discussed in point of reverence within each program. Significant differences were found between parents and between teachers in the two programs on Semantic Differential Concepts, i.e., "Speechreading-Lipreading," "Integrated," and "Hearing Impaired." Significant differences were found in parent and teacher on Part II of the Brown "Your Child/Student 30 Years From Now." Integrated parents reported there was "no chance at all" that their child would have more deaf than hearing friends while most Self-Contained parents reported there was "a fairly good chance." Several other significant differences were found on Part II and one on Part III of the Brown.

Structured Interview data yielded significant differences in terms of parents confidence in program; knowledge of special skills, handicaps and teasing; social adjustment at school; reading exposure to HI literature and membership in associations for parents of HI Ss; exposure to previous HI programs; preferences for Integrated or Self-Contained HI education; use of sign language; and teacher preparation.

Discussion: Results were discussed in terms of four areas: (1) how decisions to participate in either type of program are made and the outcome of that decision, (2) the structure and functioning of each program, (3) information on special issues that have been raised about Integrated programs for HI, and (4) critical issues raised by this study. Finally, specific recommendations to improve each program are summarized.

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Statement of the Problem

This project evaluated the effects of mainstreaming or integrating hearing impaired students into regular classroom settings. A matched sample of students from a self-contained program for the hearing impaired was utilized for comparison. The intent of this project was not to assess which type of program is the best method of educating hearing impaired students. Rather, the objectives are to assess the important components in each program in terms of student achievement and social development; teacher variables, including skills and needs; and parental understanding, involvement and expectations.

This project addresses two priority areas for the education of the handicap established by the California State Board of Education: (1) the effects of integration on regular teachers in terms of their concept of mainstreaming along with the teaching skills, support and training they need to work with these children in an integrated setting; and (2) the effects of integration on severely handicapped pupils and their peers.

Many special educators and parents have strong opinions and feelings on both sides of the mainstreamed and self-contained classroom as the method of choice in educating the hearing impaired. The pressing need, however, is for empirical studies aimed at taking a broad look at the various components inherent in each approach. It is not enough to state that one approach is better than another or that they do not differ. What is needed is a clarification of the factors within each program and common to both programs that facilitate the child's growth and

productivity and their educator's competency in providing efficacious strategies and programs to achieve this end. This project is an initial effort in that direction.

Review of the Literature

A review of the literature indicates a need for objectives evaluation of the issues presented by integration of the hearing impaired. The conclusion of an in-depth review of this literature provides a succinct summary, "At the present time, the 'state of the art' of integration of hearing handicapped children is not advanced." (Northcott, 1973, p. 1). There is little evidence to support integration of hearing impaired children with their hearing peers because few evaluative studies have been conducted. Nevertheless, there are many "position papers" which raise questions regarding the long term efficacy of mainstreaming hearing impaired children (e.g., Vernon, 1975; Brill, 1975). The issues raised include (1) poor preparation of the hearing impaired child, (2) parents are naive as to the long term effects of integration, due in part to the enthusiasm of educators and legislators, (3) programs are poorly planned and children not screened on relevant factors, (4) many programs are token integration, wherein integration is only in recreation, meals or physical education, (5) regular teachers are poorly prepared. Even the critics, however, concede that there are no definitive studies of the effects of mainstreaming. (cf., Vernon, 1975).

It is of interest to note that the advocates for integration (e.g., Bitter, 1973; Bilken, 1975; Fallis, 1975; Northcott, 1973; and the Annual Report of The National Advisory Committee on Education of the Deaf, 1973) have as little evidence, as the critics, on this issue. This lack of information is a clear reflection of the dearth of research

and the low prevalence of children in integrated programs. In 1973, only 10.6% of the 41,109 identified hearing impaired students in the United States were either in itinerant programs or part-time special education services. (Northcott, 1973).

One of the most comprehensive longitudinal evaluations of programs for hearing impaired children was conducted by Moores and his associates at the University of Minnesota. (Moores, et al., 1973). Although many program components and issues were investigated in this four year study of preschool programs, the issue of integration was not addressed directly. Rister (1975) has studied deaf children in mainstream education programs. Her study was conducted by questionnaire through the mail and many potential respondents did not reply. Nevertheless, her study is a preliminary effort to evaluate mainstreaming. Of those who responded (55, mainstreamed and 33, self-contained), she found 82% of mainstreamed and 6% of self-contained pupils were on grade level. She also found 47% of pupils in regular education received no special help. Parent participation was judged adequate for 98% of mainstreamed and for 52% of self-contained pupils. She reports no significant differences in hearing loss between the two groups.

It is evident from the research literature and from the writings of recognized experts on the education of the hearing impaired that more information is needed. Regardless of which approach one prefers, further studies are needed to clarify the relationships of program structure to educational achievement.

DESCRIPTION OF THE PROGRAMS

In this section a brief overview of each of the two program is provided.

An Integrated Program

In November of 1972, parents of four children from two schools requested that the Pupil Services Office of the district sponsor an individualized curriculum back-up type system as provided under the California Educational Code, 6802.1 Band C. This system is for physically handicapped minors included in regular day classes, but who require special services and equipment beyond those provided in regular classroom instruction. Specifically, the services the district could provide would be (1) support teaching, (2) transportation, and (3) teaching aids and specialized equipment. Previous to this integrated instruction program, hearing impaired children were taught in self-contained classes outside of the district.

By the Fall of 1975, thirteen hearing impaired children were participating in the Integrated program. The eight female and five male pupils range from eight to fourteen years of age, from 35db to 100db loss in better ear, from 92 to 122 in I.Q. (group measure), and from third to eighth grade. In addition to the child's regular teacher, the school district employs two Special Education teachers (deaf education specialists) who work individually with each child outside of the classroom.

Each child receives special help for a minimum of three hours to a maximum of five hours per week. The amount of time is contingent upon the individual needs of each student. Following the classroom

curriculum the child receives additional support in reading and other areas as indicated. A strong effort in language development is made routinely. The students are taught only through oral communication, receiving no sign language assistance or being isolated in special rooms with amplification. The children depend solely on their own hearing aids for amplification.

A Self-Contained Program

In the Fall of 1956, the County initiated an educational program for the hard of hearing at a school within this district, opening two classes at one school. The following year, operational control was transferred to the district. Over the years, the program has expanded and now is divided into five levels: pre-school (ages 3 - 4), primary, elementary, intermediate and high school.

The program is designed to serve children who are recognized as being hard of hearing and children who while audiometrically deaf function as hard of hearing, (i.e., 50db loss unaided at two frequencies in speech range of better ear ISO'64).

The curriculum is designed specifically for the hard of hearing on the pre-school level. However, in order to facilitate integration, the other levels follow as closely as possible the curriculum designed for the regular grades.

Prescriptive teaching is used at all levels in the hard of hearing program. These procedures are the following:

(1) Auditory training and testing as part of the daily classroom routine with the expected student responses to auditory testing be specific and not involve undue emphasis on speech and/or language abilities.

(2) Use of the Thorndike diacritical marks and Northhampton Charts.

(3) Language with contact work as a key factor in the selection of language curriculum.

(4) Syllabic approach to speech and speech reading using the Mueller-Walle Method of Lipreading and using as a guide, The Mueller-Walle Method of Lipreading.

The students sole source of amplification is their hearing aid (group amplification units were used in the past in the pre-school and elementary levels but have been discontinued).

The hard of hearing child's placement in a regular class, called "contact classes," is on a trial basis with the following factors considered: (1) production of intelligible speech, (2) ability in subject matter, (3) sophistication in speech reading ability, (4) behavior problems, (5) motivation, and (6) acceptance of handicap.

METHODS

Design

The purpose of this study was to compare two programs for hearing impaired students in Santa Clara County. The design for this study employed a matched-comparison group of students from an Integrated and a Self-Contained program. An important aspect of the study was to conduct a formative evaluation of the Integrated program of one school district. In addition to exploring the positive and negative aspects of the Integrated, oral program, another type of program (Self-Contained, oral) was used to highlight similarities and differences between and within the programs. Thus, a constraint in selecting a comparison group was that it have certain features in common with the Integrated program.

The matching of students from the Self-Contained program to the Integrated program was based on (1) age, (2) sex, and (3) amount of hearing loss.

Because of limitations in the size of the comparison groups, it was not possible to match for SES, I.Q., and some other variables.

The study was delayed in its implementation by the search for a comparison group. Several districts that were contacted and given information about the purposes and design of the study declined to participate. The original abstract for this study was changed after this experience. It was modified to indicate that the purpose of the study was to explore features of both programs and ways in which both programs could be improved. One example of the form this modification took was in the title of the project, i.e., instead of the title reading "mainstreaming vs. self-contained," it was modified to read "mainstreaming and self-

contained." While the difference seems minor, it is an indication of the kind of emotion and intensity which tends to surround programs for the hearing impaired.

Sample

At the time that the proposal was written there were thirteen hearing impaired children participating in the Integrated program. The eight female and five male pupils ranged from eight to fourteen years of age. It was also anticipated that additional children would be screened and participating in the program during this academic year. However, there were no additional students selected to participate in the Integrated program. The original sample of thirteen children was further reduced by two families who moved from the area, three families who decided that they did not wish to participate and refused to give their consent, and one student who was inappropriate for this study. This student while meeting the provisions of the Educational Code for this program suffered from a problem of drainage in the ear. He was at times not hearing impaired (when drainage tubes were functioning adequately) and at other times hearing impaired. Because of the nature of his problem, and a history that was quite different from the other students, he was eliminated from the sample.

Thus, the final sample for this study was seven children in the Integrated program. These seven children during this academic year ranged from nine to fifteen years in age, five females and two males. The I.Q. of the children ranged from 92 to 122. They attended the following grade levels: 4th, 4th, 5th, 6th, 7th, 9th, 9th. The range of hearing impairment in terms of pure tone hearing losses was 5db to

80db in the sound field, better ear aided test situation.

For purpose of comparison, as noted above, a sample of seven children, five females and two males, matched for age and degree of hearing impairment was selected from a Self-Contained, oral program.

Audiological Rationale For Matching

The students were matched audiometrically in terms of the speech reception threshold (SRT), speech discrimination score (SDS), pure tone range (including frequency area and intensity of loss), and pure tone average in the aided configuration when possible. The pure tone range of frequencies was from 250 Hertz to 8000 Hertz, and the student's pure tone losses in the unaided, better ear ranged from 15db to 110+db, and from 5db to 80db in the sound field, better aided test situation. All four parameters of SRT, SDS, pure tone average, and pure tone range were utilized whenever possible, with aided speech discrimination and aided pure tones assuming key importance. Aided functioning was considered the most indicative measure of each student's use of his or her own residual hearing, and was, therefore, employed in the interpretation of the audiological data.

Constraints in the matching process of audiological data involved the following factors:

(1) All available audiological scores were from one to six years old in both programs, with exactly half of the audiological information dating from 1971 to 1973, and half from 1973 to 1976.

(2) Aided pure tones were not available in two participating students in the Self-Contained program.

(3) The available audiological data was incomplete in both

programs in terms of the forementioned four parameters for each student match.

(4) Some students in the Self-Contained classroom were exempt from participating in the study due to inconsistent use and care of their prescribed hearing aids.

(5) The number of available students to be used in the matching process was limited, thereby complicating the interpretation and narrowing the range of possible appropriate matches.

(6) The audiological information contained in the student's cumulative folders consisted of reports submitted from each of the student's private audiologists and some public school administered hearing tests. There is some question as to the sound field aided correlation and subsequent student matching, as sound field calibration may differ from test situation to test situation, and from audiologist to audiologist.

Additional Participants

In addition to the fourteen students in this sample, the parents and teachers of the children were also participants in this study. Information from questionnaires as well as structured interviews were used to glean information about the programs and the students. The administrator of each of the programs was also interviewed. The next section describes the measures that were taken and the instruments that were used to obtain data for this study.

Measures and Instruments

1. Students

Information on the hearing impaired students in this study was

obtained from a variety of different sources. First, each student's cumulative information folder was reviewed and the following information was obtained: (1) intelligence testing; (2) achievement testing; (3) report card grades; (4) health, including date hearing impairment noted, previous special education or therapy, date first received special education for hearing impairment; (5) copies of audiological reports and exams; (6) copies of any special reports on testing; (7) any additional health problems and/or handicaps. Information from parent interviews were used to supplement missing or incomplete information in cumulative folders.

I.Q. and achievement test data were collected on all the students in the Integrated program. These same data were not available for most of the students in the Self-Contained program. Some parents in the Self-contained program would not give their permission to test their children further. In general, the measure of achievement and I.Q. of the hearing impaired is still problematic.

Each student was given a self-concept measure in school. So as not to further identify and single out the hearing impaired students in the Integrated program and to obtain data from non-hearing impaired peers, this self-concept measure was given to the entire class in each of the programs. One class in the Self-Contained program was not available for testing.

The measure selected for use in this study was the "How I See Myself Scale" developed by Ira Gordon at the University of Florida. This scale was selected because it has been standardized with data from almost 9,000 children. There are both elementary and secondary forms yielding information on the same factors. It is easily administered and easily

scored.

The "How I See Myself Scale" defines a child's self-concept as the way the child reports on himself. This scale, like all self-report measures, has certain inherent weaknesses. First, the respondents may be influenced by their desire to present themselves in the best light. Second, the children may not have thought about a particular item, but simply made a check. Third, they may lack a standard for comparison so that their answers, although truthful, still are not useful. Fourth, they may not understand the words or may assign different meanings to the words. Some of these difficulties of self-report measures have been controlled through the careful development of the items on large populations and through the refinement of the scale in several research projects from 1959 to 1967. (Gordon and Spears, 1962; Gordon and Wood, 1963; Gordon, 1964; Gordon, Curran, and Avila, 1966; Combs and Gordon, 1967). Since the work of Yeatts (1967) using the scale on a large population, this measure has been in a number of studies as a measure of self-concept in educational research.

A basic assumption underlying this scale is that the self-concept is not a unitary trait. The view of self-concept is that the children have several concepts of themselves which are to some degree interrelated in a unifying organization but which are discreet enough to be measured separately. This scale produces information on five concept areas: (1) Teacher/School, (2) Physical Appearance, (3) Interpersonal Adequacy, (4) Autonomy, and (5) Academic Adequacy. (For a more complete description fo the Scale, see Gordon, 1968).

In addition, the "Vineland Social Maturity Scale" was obtained on the hearing impaired students from the Integrated program. "This scale

provides an outline of detailed performances in respect to which children show a progressive capacity for looking after themselves and for particpating in those activities which lead toward ultimate independence as adults." (Doll, 1965, p. 1). After using this scale with some of the children in the Integrated program, it became apparent that, at this age range and level of functioning, the instrument was too narrow and inadequate in providing differential information. For this reason, the Vineland Social Maturity Scale was not utilized with the Self-Contained students and the limited data gathered will not be considered in the evaluation. It is clear that the development of an instrument to measure social maturity continues to be a problem in education research.

2. Parents

The expectations of parents toward social and academic achievement are important in shaping the education of their children. In order to measure parent information and attitude, the "Parental Information and Attitude Scale for Parents of Hearing Impaired Children" was selected. Developed by Dr. Donald W. Brown at Gallaudet College, this instrument is designed to elicit from parents an indication of their knowledge and attitudes about deafness and its ramifications and their expectations and aspirations for their hearing impaired child. Further, it is intended to provide an estimate of the degree to which parents will accept, challenge or distort statements about deafness which are contrary to their currently held opinion.

The scale is divided into three parts. Part I consists of 40 questions related to demographic information on the family (such as

occupation, education, etc.), amount of exposure to deafness and deaf people, information about various aspects of the child's hearing impairment (such as child's age at detection, source of diagnosis, etc.), and information about the educational program in which the child is enrolled (such as confidence in the program, classroom visits, knowledge of other programs, etc.).

Part II of the scale is entitled, "Your Child Thirty Years From Now." It assesses parental expectations (by having parents indicate on a five point rating scale from "very good chance" to "no chance at all") that a given descriptive statement will be true of their hearing impaired child thirty years from the present. The nineteen statements in Part II cover five areas: (1) academic achievement, (2) means of communication, (3) social status, (4) marital and family relationships, and (5) vocational attainment.

Part III of the scale is comprised of fourteen statements, each of which is followed by several responses. The statements selected are "typical statements and opinions about hearing impaired individuals." They are intended to be diametrically opposed to what parents believe to be true. Parents are requested to circle the answer which best indicates their own feelings about that particular statement.

In addition to the Brown scale, and as part of the same questionnaire, the parents were asked to complete a Semantic Differential Check List. This measure was intended to systematically compare parent attitudes toward concepts related to deafness utilizing a semantic differential technique. It was developed by Moores and his associates at the Univeristy of Minnesota. (Moores, McIntyre and Weiss, 1972; Moores, Weiss and Goodwin, 1973). It was developed and refined over the course

of a four-year longitudinal study of parents in oral and combined programs for deaf children. The semantic differential technique involves rating a concept along a seven-point scale between pairs of bipolar adjectives (i.e., good-bad, happy-sad, etc.).

The form used in this study measures attitudes towards the following concepts: (1) preschool, (2) speech, (3) integration of a deaf child into a hearing class, (4) speechreading-lipreading, (5) hearing aid, (6) auditory training, (7) sign language, (8) fingerspelling, (9) deafness, and (10) hearing impaired. Twelve pairs of bipolar adjectives follow each concept. The basic data from this scale consists of the average of responses on all twelve adjective pairs for each concept. The assumption used in scoring the responses is that the higher the concept score, the more positive the attitude. The highest score is a seven and is assigned to the extreme end of the scale (i.e., good=7, bad=1, happy=7, etc.).

The differences between the parents in the two programs in terms of education, occupation-profession, and income were not significant. The amount of education of parents in the Integrated program ranged from twelve to seventeen years with the mean average of 14.5 for the mothers and 16 for the fathers. In the Self-Contained program, the parents' education ranged from eleven to twenty years, with the mean average of 13.6 for mothers and 15.4 for the fathers. The age ranged from 35 to 56 years in the Integrated program with a mean average of 46, and from 35 to 53 years in the Self-Contained program with a mean average of 42 years.

3. Teachers

Parts II and III of the Brown "Parental Information and Attitude Scale for Parent of Hearing Impaired Children" were modified and given to each of the teachers of the fourteen children in the sample. For the two children in high school and the one in junior high who have several teachers, the homeroom (or first-period) teacher was given the instrument. The scale was modified so that references to parents were replaced by references to teachers. One question in Part II was not amenable to this modification so it was eliminated. Thus, Part III for teachers contained thirteen questions, instead of the fourteen in the parents' version.

The directions to the Semantic Differential Check List were changed to make them appropriate for use with teachers.

Interviews

In addition to the other measures described above, the students, parents, teachers and administrators were each interviewed by the project staff. The interviews ranged in time to conduct from 45 minutes with the students, 60 minutes with the teachers, 90 minutes with the parents, and 120 minutes with the administrator.

The interviews were structured to cover four content areas in detail. These four areas were (1) knowledge of child, handicap and impact on development, (2) experience, exposure and knowledge of hearing impairment, (3) assessment of educational program, and (4) attitudes, beliefs and opinions about integration, sign language, audiology and legislation and educational policy. These four content areas were selected to supplement information collected in the Brown Parent scale and to provide additional information on critical issues raised in the literature on

hearing impaired education. A copy of each interview is contained in Appendix A and further information on the interview format and analysis follows in Section IX & X, Data Presentation and Results.

DATA PRESENTATION AND RESULTS

It was more appropriate to combine the data presentation and results in summarizing the data from the project.

How I See Myself

This self-report measure was administered to the entire class in which a target student was enrolled. One class in the Self-Contained program was not available for testing and two of the target students were tested, independently. Thus, seven HI students in the Integrated program and six in the Self-Contained program were tested. In addition, 156 Non-HI students in the Integrated program and 25 HI students in the Self-Contained program also received this scale.

This measure provides information on five factors: (1) Teachers/ School; (2) Physical Appearance; (3) Interpersonal Adequacy; (4) Autonomy; and (5) Academic Adequacy.

The first comparison made with this data was to compare the target students in the Integrated program with those in the Self-Contained program. Table 1 presents the means and standard deviations on each of the five factors by type of program. Inspection of Table 1 reveals a trend ($t=1.66$, $df=11$, $p<.125$) for students in the Self-Contained program to see themselves as more academically adequate than students in the Integrated program. There were no other differences that approached statistical significance.

The responses of all of the students on the "How I See Myself Scale" are presented in Tables 2,3,4,5, and 6. Each table presents the data on a separate factor of the scale. The data are presented by grade level (cf. Gordon, 1965), type of program and presence (or absence) of HI.

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Table 1

How I See Myself Scale
Means and Standard Deviations of
Samples by Type of Program

Factors	Programs	
	Integrated (N=7)	Self-Contained (N=6)
Teacher/School		
$\bar{X}$	21.0	23.33
sd	2.31	4.76
Physical Appearance		
$\bar{X}$	33.29	35.0
sd	4.07	7.16
Interpersonal Adequacy		
$\bar{X}$	58.43	59.5
sd	2.23	7.84
Autonomy		
$\bar{X}$	29.0	26.43
sd	2.83	3.10
Academic Adequacy		
$\bar{X}$	19.14	21.83*
sd	1.77	3.87

*t=1.66, df=11, p<.125

Inspection of these tables and analyses by t-test (Winer, 1962) reveal that significant differences occur between the HI students in the Self-Contained program and the Non-HI students in the Integrated program.

Inspection of Table 2 reveals a trend for older students (grades 7-9) in the Self-Contained program to respond more positively than the Non-HI students in the Integrated program on "Teacher/School" ($t=1.69$, $df=73$, $p<.10$). Inspection of Table 3 reveals no significant differences on the factor "Physical Appearance." Table 4 presents the data on "Interpersonal Adequacy." This factor is the most general (i.e., composed of the scores on many items of the scale). Inspection of Table 4 reveals younger Non-HI (grades 3-6) respond more positively than their counterparts in the Self-Contained program. This difference does not appear with the older students (i.e., grades 7-9).

Data on the fourth factor labeled "Autonomy" appears in Table 5. Dr. Gordon in the scoring manual makes the following comments about "Autonomy." "This is probably not a clear label for this particular group of items. It may convey more than is warranted. The label was selected because one might infer that a youngster who scores high on this factor enjoys expressive activities and doing things by himself. He might possibly be seen as less group oriented and more task or performance oriented. For the moment, until further research indicates the extent fo correlation between this measure and other measures of autonomy, the label should be used with extreme caution."

Inspection of Table 5 reveals that the younger students (grades 3-6) in the Self-Contained program respond with higher scores than their counterparts in the Integrated program ($t=2.79$, $df=104$, $p<.006$). It is of interest to note that the group scored much higher than any of the

Table 2

How I See Myself Scale
Means and Standard Deviations for "Teacher/School"
by Grade Level and Type of Program

	Integrated (Non-HI)		Self-Contained	
Grades 3 - 6	21.38	(N=91)	22.13	(N=15)
	3.65		3.98	
7 - 9	19.42	(N=65)	21.9	(N=10)*
	4.39		3.93	
	(HI)			
3 - 6	20.75	(N=4)		
	2.06			
7 - 9	21.33	(N=3)		
	3.05			

*t=1.69, df=73, p<.10

Table 3

How I See Myself Scale
Means and Standard Deviations for "Physical Appearance"
by Grade Level and Type of Program

	Integrated (Non-HI)		Self-Contained	
Grades 3 - 6.	38.27	(N=91)	36.2	(N=15)
	6.61		6.77	
7 - 9	34.15	(N=65)	32.3	(N=10)
	7.02		7.06	
	(HI)			
3 - 6	34.0	(N=4)		
	1.83			
7 - 9	34.67	(N=3)		
	6.51			

Table 4

How I See Myself Scale
Means and Standard Deviations for "Interpersonal Adequacy"
by Grade Level and Type of Program

	Integrated (Non-HI)	Self-Contained
Grades 3 - 6.	61.84 (N=91)	56.0 (N=15)*
	6.92	9.37
7 - 9	55.91 (N=65)	56.30 (N=10)
	10.07	10.75
		t=.113
	(HI)	
3 - 6	58.0 (N=4)	
	2.16	
7 - 9	59.0 (N=3)	
	2.65	

*t=2.87, df=104, p<.005

Table 5

How I See Myself Scale
Means and Standard Deviations for "Autonomy"
by Grade Level and Type of Program

	Integrated (Non-HI)		Self-Contained	
Grades 3 - 6	27.78	(N=91)	31.87	(N=15)*
	5.10		6.11	
7 - 9	26.27	(N=65)	26.50	(N=10)
	5.82		3.50	
	(HI)			
3 - 6	26.25			
	2.06			
7 - 9	28.33			
	4.73			

*t=2.79, df=104, p<.006

Table 6

How I See Myself Scale
Means and Standard Deviations for "Academic Adequacy"
by Grade Level and Type of Program

	Integrated (Non-HI)		Self-Contained	
Grades 3 - 6	21.06	(N=91)	20.47	(N=15)
	4.52		4.40	
7 - 9	19.34	(N=65)	20.00	(N=10)
	5.19		2.78	
	(HI)			
3 - 6	19.50	(N=4)		
	2.08			
7 - 9	18.67	(N=3)		
	1.53			

other groups on this factor.

Table 6 reveals that there are no differences on the factor "Academic Adequacy."

Semantic Differential

All parents of children included in the sample received a copy of the semantic differential to be filled out and returned with the Brown Attitude Scale. In addition, all of the teachers in the two programs also received a copy of this form. The basic data consisted of the average of responses on all twelve adjective pairs for each concept. The higher the concept score, the more positive the attitude to that concept.

Table 7 presents the means and standard deviations for parental scores by type of program. Comparison by t-test revealed significant differences for two concepts and a trend to significance on one concept. "Integration of a Deaf Child into a Hearing Class" was related more positively by parents in the Integrated program ($t=2.55$, $df=19$, $p<.02$). "Speechreading-Lipreading" was rated more positively by parents in the Self-Contained program ($t=1.75$, $df=19$, $p<.05$). "Hearing Impaired" was rated slightly less negative by parents in the Integrated program ($t=1.72$, $df=19$, $p<.10$). There were no other differences that approached significance.

Table 8 presents the means and standard deviations for teacher scores by type of program. Comparison by t-test revealed a trend for teachers in the Integrated program to rate "Speechreading-Lipreading" more positively ($t=1.74$, $df=11$, $p<.10$), and no other differences. Comparisons were also made between regular teachers (i.e., not special

Table 7

Semantic Differential
Means and Standard Deviations for
Parents by Type of Program

		Integrated	Self-Contained	
1. "Preschool"	$\bar{X}$	6.52	6.60	
	sd	.56	.58	
2. "Speech"	$\bar{X}$	6.41	6.46	
	sd	.59	.55	
3. "Integration of a Deaf Child into a Hearing Class"	$\bar{X}$	6.32	5.30	t=2.55
	sd	.75	1.10	df=19
				p<.02
4. "Speechreading--Lipreading	$\bar{X}$	6.27	6.73	t=1.75
	sd	.70	.32	df=19
				p<.05
5. "Hearing Aid"	$\bar{X}$	6.51	6.31	
	sd	.59	.77	
6. "Auditory Training"	$\bar{X}$	6.39	6.50	
	sd	.69	.44	
7. "Sign Language"	$\bar{X}$	5.39	5.70	
	sd	1.28	1.53	
8. "Finger Spelling"	$\bar{X}$	5.45	5.84	
	sd	1.24	1.35	
9. "Deafness"	$\bar{X}$	3.00	2.59	
	sd	.82	.91	
10. "Hearing Impaired"	$\bar{X}$	3.66	2.60	t=1.72
	sd	1.42	1.18	df=19
				p<.10

Table 8

Semantic Differential
Means and Standard Deviations for
Teachers by Type of Program

			Integrated	Self-Contained	
1.	"Preschool"	$\bar{X}$	5.96	5.98	
		sd	.73	.46	
2.	"Speech"	$\bar{X}$	6.12	5.68	
		sd	.66	1.09	
3.	"Integration of a Deaf Child into a Hearing Class"	$\bar{X}$	6.00	5.70	
		sd	.94	.27	
4.	"Speechreading--Lipreading	$\bar{X}$	6.17	5.50	t=1.74
		sd	.72	.32	df=11
					p<.10
5.	"Hearing Aid"	$\bar{X}$	6.04	5.65	
		sd	.74	.35	
6.	"Auditory Training"	$\bar{X}$	6.19	5.73	
		sd	.69	.22	
7.	"Sign Language"	$\bar{X}$	4.89	5.43	
		sd	1.33	.79	
8.	"Finger Spelling"	$\bar{X}$	4.41	5.28	
		sd	1.50	.85	
9.	"Deafness"	$\bar{X}$	3.32	3.85	
		sd	.79	.42	
10.	"Hearing Impaired"	$\bar{X}$	3.97	4.13	
		sd	1.42	.34	

teachers) from the Integrated program and special teachers (Self-Contained plus special teachers from Integrated program). These comparisons did not reveal any significant differences.

Tables 9 through 18, present means and standard deviations for parents' and teachers' responses by type of program for each of the ten concepts on the semantic differential. Comparisons were performed on combined scores (parents plus teachers) by type of program. These comparisons revealed one signficant difference (Table 11). Participants from the Integrated program rated "Integration of a Deaf Child into a Hearing Class" as more positive than participants from the Self-Contained program ($t=2.51$, $df=32$, $p<.02$).

Comparisons on these concepts were performed also by combining the scores of the parents and the teachers (i.e., parents from Integrated program plus parents from Self-Contained program). These comparisons revealed a number of significant differences between parental ratings and teachers' ratings of these concepts:

(1) Parents rate "Preschool" more positively than teachers ($t=2.84$, $df=32$, $p<.008$), see Table 9.

(2) Parents rate "Speech" more positively than teachers ($t=1.91$, $df=32$, $p<.06$), see Table 10.

(3) Parents rate "Speechreading" more positively than teachers ($t=2.12$, $df=32$, $p<.04$), see Table 12.

(4) Parents rate "Hearing Aid" more positively than teachers ($t=2.20$, $df=32$, $p<.04$), see Table 13.

(5) Parents rate "Auditory Training" more positively than teachers ($t=1.82$, $df=32$, $p<.08$), see Table 14.

Table 9

Semantic Differential "Preschool"
Means and Standard Deviations
for Parents and Teachers by Type
of Program

		Integrated		Self-Contained		Combined
Parents	$\bar{X}$	6.52	(N=13)	6.60	(N=8)	6.55
	sd	.56		.58		
Teachers	$\bar{X}$	5.96	(N=9)	5.98	(N=4)	5.96
	sd	.73		.46		
Combined	$\bar{X}$	6.29		6.39		

*t=2.84, df=32, p<.008

Table 10

Semantic Differential "Speech" Means and Standard Deviations for Parents and Teachers by Type of Program

		Integrated		Self-Contained		Combined
Parents	$\bar{X}$	6.41	(N=13)	6.46	(N=8)	6.43
	sd	.59		.55		
Teachers	$\bar{X}$	6.12	(N=9)	5.68	(N=4)	5.98
	sd	.66		1.09		
Combined	$\bar{X}$	6.29		6.20		

*t=1.91, df=72, p<.06

Table 11

Semantic Differential "Integration of a Deaf Child into a Hearing Class"
Means and Standard Deviations
for Parents and Teachers by Type
of Program

		Integrated		Self-Contained		Combined
Parents	$\bar{X}$	6.32	(N=13)	5.30	(N=8)	5.93
	sd	.75		1.10		
Teachers	$\bar{X}$	6.00	(N=9)	5.70	(N=4)	5.91
	sd	.94		.27		
Combined	$\bar{X}$	6.20		5.43		

*t=2.51, df=32, p<.017

Table 12

Semantic Differential "Speechreading--Lipreading"
Means and Standard Deviations
for Parents and Teachers by Type
of Program

		Integrated		Self-Contained		Combined
Parents	$\bar{X}$	6.27	(N=13)	6.73	(N=8)	6.44
	sd	.70		.32		
Teachers	$\bar{X}$	6.17	(N=9)	5.50	(N=4)	5.96
	sd	.72		.32		
Combined	$\bar{X}$	6.23		6.32		

*t=2.12, df=32, p<.04

Table 13

Semantic Differential "Hearing Aid"
Means and Standard Deviations
for Parents and Teachers by Type
of Program

		Integrated		Self-Contained		Combined
Parents	$\bar{X}$	6.51	(N=13)	6.31	(N=8)	6.43
	sd	.59		.77		
Teachers	$\bar{X}$	6.04	(N=9)	5.65	(N=4)	5.92
	sd	.74		.35		
Combined	$\bar{X}$	6.32		6.09		

*t=2.20, df=32, p<.04

Table 14

Semantic Differential "Auditory Training"
Means and Standard Deviations
for Parents and Teachers by Type
of Program

		Integrated	Self-Contained	Combined
Parents	$\bar{X}$	6.39 (N=13)	6.50 (N=8)	6.43
	sd	.69	.44	
Teachers	$\bar{X}$	6.19 (N=9)	5.73 (N=4)	6.05
	sd	.69	.22	
Combined	$\bar{X}$	6.31	6.24	
	sd			

*t=1.82, df=32, p<.08

Table 15

Semantic Differential "Sign Language"
Means and Standard Deviations
for Parents and Teachers by Type
of Program

		Integrated	Self-Contained	Combined
Parents	$\bar{X}$	5.39 (N=11)	5.70 (N=8)	5.51
	sd	1.28	1.53	
Teachers	$\bar{X}$	4.89 (N=9)	5.43 (N=4)	5.06
	sd	1.33	.79	
Combined	$\bar{X}$	5.19	5.61	

Table 16

Semantic Differential "Finger Spelling"
Means and Standard Deviation
for Parents and Teachers by Type
of Program

		Integrated		Self-Contained		Combined
Parents	$\bar{X}$	5.45	(N=11)	5.84	(N=8)	5.61
	sd	1.24		1.35		
Teachers	$\bar{X}$	4.41	(N=9)	5.28	(N=4)	4.68
	sd	1.50		.85		
Combined		4.98		5.65		

*t=1.99, df=30, p<.06

Table 18

Semantic Differential "Hearing Impaired"
Means and Standard Deviations
for Parents and Teachers by Type
of Program

		Integrated		Self-Contained		Combined
Parents	$\bar{X}$	3.66	(N=11)	2.60	(N=8)	3.26
	sd	1.42		1.18		
Teachers	$\bar{X}$	3.97	(N=9)	4.13	(N=4)	4.02
	sd	1.42		.34		
Combined	$\bar{X}$	3.79		3.11		

(6) Parents rate "Finger Spelling" more positively than teachers ($t=1.99$, $df=30$, $p<.06$), see Table 16.

(7) Parents rate "Deafness" more negatively than teachers ($t=2.25$, $df=30$, $p<.03$), see Table 17.

There were no significant differences in the rating of "Sign Language" and "Hearing Impaired" for parents and teachers by type of program (see Tables 15 and 18).

"Your Child Thirty Years From Now", Part II - Brown Scale

The data consisted of the number of parent responses to each of nineteen statements rated along a five point scale from "very good chance" to "no chance at all." The Chi Square statistic (Winer, 1962) was employed to test for differences between the distribution of parents' resoponses by type of program.

There were thirteen statements in which the Integrated and Self-Contained parents reflected modal agreement (i.e., the largest number of responses fell in the same category). These parents concurred that there was a "very good chance" that their child will be a college graduate, have speech that is easily understood by most people, know his neighbors well, have graduated from a regular high school, drive a car, be close to his brothers and sisters, be in good health, and keep in touch with parents. There was a "fairly good chance" that the child would be thought of as having normal hearing by people who meet him, and would be married to a person with normal hearing. There was "a little chance" that the child would be active in PTA, Rotary, Kiwanis or other similar organizations. There was "no chance at all" that the child would read at about fifth or sixth grade level or below, and would use

sign language as his preferred means of communication.

The Chi Square statistic was applied to the remaining six statements to assess any significant differences in the pattern of responses between the parents whose children attend an Integrated or Self-Contained program. There was a significant difference in the pattern of responses on two statements. Most Integrated parents reported "no chance at all" that their child would have more deaf friends than hearing friends while most Self-Contained parents felt there was a "fairly good chance" (X^2=13.93, df=4, p<.003), see Table 19. Most Integrated parents also reported "no chance at all" that their child would use both oral and manual communication while Self-Contained parents felt there was a very good or fairly good chance (X^2=12.62, df=4, p<.01), see Table 20.

The teachers in both programs were given Part II of the Brown Attitude Scale with the directions changed to read "Your Student Thirty Years From Now." Between the teachers there was a modal agreement on six statements. Teachers agree there was a "very good chance" that their students will have speech that is easily understood by most people, have graduated from a regular high school, drive a car, and be in good health. There was a "fairly good chance" that the student will know his neighbors well. There was "no chance at all" that the student will use sign language as his preferred means of communication.

The Chi Square statistic was applied to the remaining thirteen statements and no significant differences were revealed. The small number of teachers in the sample (particularly in the Self-Contained program) made meaningful statistical comparison difficult.

The responses of parents and teachers were combined to assess differences between Integrated and Self-Contained programs. When

Table 19

Your Child Thirty Years From Now
Distribution of Parent Responses
to "Will Have More Deaf Friends Than Hearing Friends?"
by Type of Program

	Very Good Chance	Fairly Good Chance	Some Chance	A Little Chance	No Chance At All
Integrated	0	0	2	2	8
Self-Contained	0	6	2	2	0

$X^2=13.93$, df=23, $p<.003$

Table 20

Your Child Thirty Years From Now
Distribution of Parent Responses
to "Will Use Both Oral and Manual Communication?"
by Type of Program

	Very Good Chance	Fairly Good Chance	Some Chance	A Little Chance	No Chance At All
Integrated	0	0	2	4	6
Self-Contained	3	4	1	1	1

$x^2=12.62$, df=4, $p<.01$

responses by type of program is compared there is modal agreement on twelve of the nineteen statements. Parents and teachers in both types of programs concur that there is a "very good chance" that their child/student will have speech that is easily understood by most people, know his neighbors well, have graduated from a regular high school, drive a car, be close to his brothers and sisters, be in good health, and keep in touch with the parent or teacher.

The Chi Square statistic was applied to the remaining seven statements. Two statements were significantly different. First, most of the parents and teachers in the Integrated program reported that there was a little or no chance at all that their child/student will use both oral and manual communication. In contrast, most of the parents and teachers in the Self-Contained program reported a very good or fairly good chance on this question (X^2=15.66, df=4, p<.003), see Table 21. Second, most of the parents and teachers in the Integrated program reported that there was a little or no chance at all that their child/student would have more deaf friends than hearing friends, while in the Self-Contained program a fairly good or some chance of this was reported (X^2=16.73, df=4, p<.002), see Table 22.

The responses of parents from both programs were combined and compared to the responses of teachers from both programs. There was modal agreement on eleven of the nineteen statements. Parents agree with teachers that there is a "very good chance" that their child/student will have speech that is easily understood by most people, know his neighbors well, have graduated from a regular high school, drive a car, be close to his brothers and sisters, be in good health and will keep in touch with them. There was a "fairly good chance" that the child/student will be

Table 21

Your Child (Student) Thirty Years From Now
Distribution of Responses
to "Will Use Both Oral and Manual Communication?"
by Type of Program

	Very Good Chance	Fairly Good Chance	Some Chance	A Little Chance	No Chance At All
Integrated	0	1	4	6	10
Self-Contained	4	5	1	1	2

X^2=15.66, df=4, p<.003

Table 22

Your Child (Student) Thirty Years From Now
Distribution of Responses
to "Will Have More Deaf Friends Than Hearing Friends?"
by Type of Program

	Very Good Chance	Fairly Good Chance	Some Chance	A Little Chance	No Chance At All
Integrated	0	0	3	8	10
Self-Contained	0	6	5	2	1

$x^2=16.73$, df=4, $p<.002$

thought of as having normal hearing by people who meet him and will be married to a person with normal hearing. There was "a little chance" that the child/student will have difficulty in using English correctly, and "no chance" that the child/student will use sign language as his preferred means of communication.

The Chi Square statistic was applied to the remaining eight statements. There was one significant difference (X^2=15.74, df=4, $p<.003$). Most parents reported "no chance at all" that their child will read at about fifth or sixth grade level or below, while the responses of the teachers were evenly distributed from a "very good chance" to "a little chance," see Table 23.

Brown Attitude Scale - Part III

The data consisted of the parent responses to fourteen statements, each containing five multiple choice answers. The parents were instructed as follows:

> "Many statements and opinions have been expressed about hearing handicapped people. We are interested in learning the reactions that you, as the parent of a hearing impaired child would have to the following statements."

Comparisons were made between the parents in the Integrated and Self-Contained program. There was a modal agreement between the groups on eight of the fourteen statements. These eight statements and the modal response to each is presented in Table 24.

The Chi Square statistic was applied to the remaining six statements. There was one significant difference (X^2=10.19, df=4, $p<.03$) in the pattern of the responses by type of program. Table 25 presents

Table 23

Your Child (Student) Thirty Years From Now
Distribution of Responses
to "Will Read at About Fifth or Sixth Grade Level or Below?"
by Parents and Teachers

	Very Good Chance	Fairly Good Chance	Some Chance	A Little Chance	No Chance At All
Parents	4	0	0	2	11
Teachers	3	2	3	3	0

X^2=15.74, df=4, p<.003

Table 24

Part III - Brown Attitude Scale
Statements on Which Parents of Children in Integrated
Programs and Parents of Children in Self-Contained Programs Agree

Statement *2: Stuckless and Birch (University of Pittsburgh) report that their study has indicated that manual communication (sign language and finger spelling) does not hinder the development of speech in young deaf children.

d. This is interesting but probably needs some research to prove it or disprove it.

*3: There is so much disagreement about education of the deaf that the best thing to do is:

d. Realize that what seems to be best for others may not be best for my child.

5: Alexander Graham Bell said, "I think the use of the sign language will go out of existence very soon."

b. This statement just shows how wrong Bell could be.

*8: It is reported that many deaf adults who do not have intelligible speech are successfully employed and well adjusted.

b. This does not surprise me.

9: An oral teacher of the deaf claims that many deaf children can't learn to speak and lipread.

e. I agree - some can but many can't.

10. One of the disadvantages of getting together with other parents whose children are in my child's school is:

c. There are no disadvantages.

*12. We all have too little time. Because of this I should devote my short reading time to:

a. Books and articles whose authors know what they're talking about.

*14. The primary function of an educational program for hearing impaired children is to:

d. Provide appropriate instruction in academic skills, i.e., reading, language, writing.

*Modal selection by teachers in both types of programs.

Table 25

Part III - Brown Attitude Scale
Distribution of Parent Responses
by Type of Program to

"Most deaf people prefer to associate with other deaf people rather than hearing people.

a. This is not true.
b. This will not be true of my child if I raise him right.
c. I imagine this is true - they understand each other's speech easier.
d. This is why deaf children should be taught with regular children.
e. If they are happy doing this - that's fine."

	a	b	c	d	e
Integrated	3	1	1	8	0
Self-Contained	0	1	3	3	4

$X^2=10.19$, df=4, $p<.03$

the statement and the distribution of responses.

The pattern of parental responses is interesting on one other statement. The statement is "If a friend of mine discovered that her child was deaf," and the responses are (a) I'd tell her about the school my child is in or, (b) I'd suggest some things she should read about the different types of programs. Parents from the Integrated program choose response (b) while the parents from the Self-Contained program choose response (a). Table 26 presents all of the parental responses on this statement. The Chi Square reported in Table 26 compares the response under the condition of (a) and (b) being the only responses.

The teachers in both programs were given Part III of the Brown Attitude Scale. The instructions were changed to make them appropriate for teachers, as were the statements and the responses. This change often consisted of changing the word "child" to "student." One statement (No. 10) was deleted from the teachers' form because of difficulty in making an appropriate change.

The teachers from the Integrated program and the teachers from the Self-Contained program were in modal agreement on the response to five statements. Since parents had also selected these five responses most often, they appear in Table 24 with an asterisk. The Chi Square statistic failed to reveal any significant differences in the pattern of teachers' responses on the remaining statements. One set of responses that approached but was not significant ($X^2=7.23$, df=4, $p<.12$) is presented in Table 27.

The responses of parents and teachers were combined to assess differences between Integrated and Self-Contained programs. When

Table 26

Part III - Brown Attitude Scale
Distribution of Parent Responses
by Type of Program to

"If a friend of mine discovered that her child was deaf:

a. I'd tell her about the school my child is in.
b. I'd suggest some things she should read about the different types of programs.
c. I would sympathize with her but not interfere with her right to make her own decision.
d. I'd try to get to her before people filled her with wrong information.
e. I would feel obligated to share with her the satisfaction I have now that I've found the right program."

	a	b	c	d	e
Integrated	2	6	0	0	5
Self-Contained	6	2	0	0	4

$X^2=4.03$, df=1, $p<.04$

Table 27

Part III - Brown Attitude Scale
Distribution of Teacher Responses
by Type of Program to

"Some people have said that many fewer deaf people than hearing people are able to go to college.

a. This is probably true because of the deaf child's difficulty.
b. This is only true if the deaf child gets the wrong elementary education.
c. Colleges shouldn't be allowed to discriminate against the deaf that way.
d. These people are talking about previous generations and are unaware of current progress.
e. This seems more logical to me."

	a	b	c	d	e
Integrated	2	1	0	4	1
Self-Contained	0	0	0	0	3

$X^2=7.23$, df=4, $p<.12$

compared this way, there is modal agreement by parents and teachers within each program on all of the items on Table 24, except on statement 9 and 10. On Statement 9 there is no modal agreement by respondents and statement 10 was not asked of the teachers. There is one other statement on which respondents from the two programs agree (No. 11). The statement is "A deaf adult says that he and his deaf friends don't think speech is very important." The modal response is "Possibly, he and his friends have found satisfactory adjustment without speech."

The Chi Square statistic was applied to the remaining five statements. Two of these statements revealed significant differences in the distribution of responses by type of program. These data are presented in Tables 28 and 29.

Structured Interview Data

Structured interviews were conducted to : (1) allow the participants to express their various concerns and views in their own words, and (2) obtain data on the naturally occurring verbal behavior of the participants, rather than restricting the range of their responses by using another apriori categorical system (i.e., semantic differential, Brown Parent Scale). The interview data provide more diversity, and maintain individual differences between participants. While such data is considered relevant (i.e., hypothesis generating), many methodological problems exist. In practical terms, this means that succinctly organzing and summarizing the information remains problematic. In order to deal with this problem, data from the structured interviews and Part I of the Brown Scale (See Appendix A) are presented as a separate addendum (see Appendix C). For those cases in which there are trends or agreements between the student and other significant persons (parents

Table 28

Part III - Brown Attitude Scale
Distribution of Parent and Teacher Responses
by Type of Program to

"Most deaf people prefer to associate with other deaf people rather than hearing people.

a. This is not true.
b. This will not be true of my child if I raise him right.
c. I imagine this is true - they understand each other's speech easier.
d. This is why deaf children should be taught with regular children.
e. If they are happy doing this - that's fine."

	a	b	c	d	e
Integrated	5	1	2	12	1
Self-Contained	0	1	4	3	7

$X^2=14.99$, df=4, $p<.005$

Table 29

Part III - Brown Attitude Scale
Distribution of Parent and Teacher Responses
by Type of Program to

"Most deaf people marry a deaf person.

a. This is not true.
b. If this is true, it is because of the communication barrier imposed by deafness.
c. This is true only if the deaf have been segregated from contact with hearing people.
d. This is fine if it's what the deaf want.
e. This will not be true of my students because we're treating them as a normal person."

	a	b	c	d	e
Integrated	2	8	7	3	1
Self-Contained	0	1	5	8	0

$X^2=10.05$, df=4, $p<.04$

and/or teachers) concerning their perceptions or descriptions of HI experience, a summary statement has been included. If a student's, parent's or teacher's responses are not included, either they had not been asked the question, or they had not responded to it.

In general, responses were collected in order to provide information concerning the more diffuse, but none the less important, effects of HI on families and other naturally occurring social systems (i.e., classrooms). These data allow for the emergence of patterns or trends and are seen as an empirical base from which to generate hypotheses. However, as a result of this method of investigation (and the resulting responses), certain theoretically interesting comparisons were not appropriate. For example, comparisons of interviews between (1) students and teachers, and (2) parents and teachers belonging to the Self-Contained program are conceptually complex because these teachers tend to speak about HI students more abstractly (i.e., HI students in general) as opposed to identifying specific behavior patterns of a given student.

The interview data are ordered by thematic content area. Summary statements of the responses of all the participants are presented for each of the content areas outlined below.

I. KNOWLEDGE OF EFFECTS OF HI ON CHILD

A. SPECIAL PROBLEMS, SKILLS AND HANDICAPS DUE TO CHILD'S HI

1. Special Problems Due to HI

2. Special Skills Demonstrated

3. Special Restrictions in Skills Due to HI.

B. SPECIAL EXERCISES FOR HI

C. EDUCATIONAL FACTORS

1. Favorite Subjects

2. Academic Achievement

D. SOCIAL FACTORS

1. Effects of HI on Non-HI Peers

2. Specific Teasing by Non-HI Peers

3. Friends

4. Social Adjustment at School

5. Recreational Habits

a. By Self

b. With Friends

c. Clubs

6. HI Effect on Self-Concept

II. HISTORY OF EXPERIENCE, EXPOSURE AND KNOWLEDGE OF HI

A. PERSONAL EXPERIENCE AND KNOWLEDGE

1. Friends with HI

2. Famous People with HI

3. Reading and Exposure

4. Memberships in Associations

B. FUTURE IMPACT OF HANDICAP

1. HI on Future Employment

III. ASSESSMENT OF EDUCATIONAL PROGRAM

A. EXPOSURE TO PROGRAMS

1. Previous HI Education

2. Other Programs Visited

3. Choose Which Program?

4. How and Why Choose Present Program?

B. KNOWLEDGE OF PROGRAM

1. Overall Goals

2. Special Support

3. Adminstrative Support

C. ASSESSMENT OF NEEDS

1. Teacher Training Needs

2. Special Equipment, Curriculum and Material Needs

3. Any Other Special Curriculum Preferred

D. PARTICIPATION AND INFLUENCE

1. Does It Encourage Parent Participation?

2. Can You Influence Program?

3. Exchange with Other Teachers

E. CRITIQUE OF PROGRAM

1. Like Best

2. Like Least

3. Changes Wanted

4. Confidence in Program

IV. ATTITUDES, BELIEFS AND OPINIONS

A. INTEGRATION OR SELF-CONTAINED

1. Preference for Integration or Self-Contained

2. Factors Relevant for Selection

3. Selection for Present Program

B. USE OF SIGN LANGUAGE

1. Does Child Use Sign Language?

2. Feelings About Sign Language

C. AUDIOLOGY

D. LEGISLATION AND POLICY FOR HI EDUCATION

I. KNOWLEDGE OF EFFECTS OF HI ON CHILD

A. SPECIAL PROBLEMS, SKILLS, AND HANDICAPS DUE TO CHILD'S HI

1. Summary of Special Problems

As can be seen from the summary of participant's responses presented in Table 30, parents and teachers from both programs agree that the HI students have a lower level of social functioning (lack more social skills) than Non-HI students of the same age.

There is also considerable agreement between the parents and teachers of both programs that discipline is a special problem with HI children. Parents, however, tend to view the problem as less severe currently than when the child was younger.

Of all the respondents, only two parents from the Integrated program mentioned speech as a special problem.

All the teachers in the Self-Contained program mentioned academics as a special problem; whereas only one parent from that program mentioned it, and four of the parents said specifically that there were no academic problems. In contrast, none of the teachers or special teachers of the Integrated program mentioned academic problems, while two parents reported such problems. Neither the teachers nor special teachers from the Integrated program, nor the majority of parents, mentioned academics as a special problem of their HI student.

Table 30

Summary of Special Problems Due to HI

	Academic	Social Skills	Discipline	Speech
INTEGRATED				
Parents (7)	2	7*	2*	2
Teachers (6)	0	5	5	0
Special Teachers (2)	0	2	2	0
SELF-CONTAINED				
Parents (7)	1**	5*	1*	0
Teachers (5)	5	5	4	0

* All parents stated there were problems with discipline and social skills (and they were more severe) when child was younger.

** Four parents specifically stated there were no academic problems.

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2. Summary of Special Skills Demonstrated

Table 31 shows the responses of participants regarding special skills. The following trends were noted. Lipreading was mentioned most frequently as a special skill by all participants except special teachers in the Integrated program (eighteen participants mentioned this skill). Parents and teachers within the Self-Contained program agree that lipreading is a special skill, but do not respond similarly to this thematic area in any other way.

Visual acuity was the second most frequently mentioned special skill (eleven responses). The following trends were noted:

Table 31

Summary of Special Skills of HI Students

	None	Lip-Read.	Sign Lang.	P.E.	Percept. Inquis.	Visual Acuity	Sens. to Emot.	Soc. Naive
INTEGRATED								
Students (7)	2	4		2				
Parents (7)	1	1			1	5	2	2
Teachers (6)	1	3				1		
Special Teachers (2)	2					*		
SELF-CONTAINED								
Students (7)	1	2	3	3				
Parents (7)	1	3	1	2	3		2	
Teachers (5)		5				5	1	
TOTAL	8	18	4	7	4	11	5	2

* One special teacher specifically stated HI students are not more visually sensitive or perceptive.

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(1) Most of the parents from the Integrated program and all the teachers from the Self-Contained program mentioned visual acuity, or enhanced visual perception and skill. (2) In contrast, the parents from the Self-Contained program and the teachers from the Integrated program did not mention visual acuity as a special skill. One of the special teachers from the Integrated program specifically stated that HI students are not more visually sensitive or peceptive.

Some students from both programs reported special skills in physical education or athletics.

Neither of the special teachers from the Integrated program reported HI students as having any special skills, whereas all the teachers in the

Self-Contained program indicated some special skills.

2. Summary of Restrictions in Skills Due to HI

Parents and teachers in the two programs were similar in noting the positive or negative effect of the HI on the child's communication and listening skills. The parents in both programs mentioned different aspects of the restriction of skills due to HI. Parents in the Integrated program focused on the students' difficulties in group situations. Parents reported the HI children being unable to follow conversations that were not directed specifically toward them. Parents in the Self-Contained program did not mention specific problems, but did point out that the HI students are limited in their speech and verbal communication in addition to limited listening skills.

The teachers from the two programs also mentioned different restrictions due to the HI. In the Integrated program, teachers discussed the difficulty in using audio-visual materials which the students might not be able to hear or lipread. Teachers in the Self-Contained program discussed the impact of the HI on the student's inability to participate in group discussions (similar to the concern expressed by the parents in the Integrated program). The Self-Contained teachers also noted poor language and communication skills, as did the parents in that program.

B. SUMMARY OF SPECIAL EXERCISES

The responses to this thematic area show differences between programs in the use of special exercises at home for the children. (1) In contrasting parent groups by program: five parents from the Integrated program reported doing exercises with their children when their child was younger, only two parents from the Self-Contained program reported having used special exercises, at any time. (2) In contrasting teacher groups: regular teachers from the Integrated program do not suggest exercises to be used in the home, however the special teachers associated with this program did request parents to do several exercises with the child, particularly with younger children. Teachers from the Self-Contained do not suggest that parents do special exercises, but they report using exercises with their younger students in the classroom.

C. EDUCATIONAL

1. Summary of Favorite Subjects

Parents and children were asked what the child's favorite subjects were. These responses provide a comparison between the two programs in terms of parent familiarity with their child's interest. The distribution of the children's favorite subjects in both the Self-Contained and Integrated programs are summarized in Table 32.

The parents' agreement with their children is very similar. Five of the seven parents in the Integrated program are aware of their children's favorite subjects, and six of the seven parents from the Self-Contained program are aware of their child's favorite subjects.

Table 32

Students' Favorite Subjects

	P.E.	Art	Math	Soc. Studies	Reading	English	Typing
INTEGRATED	5	2	2	1	2	1	1
SELF-CONTAINED	2	4	3	1	0	1	1
TOTAL	7	6	5	2	2	2	2

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2. Summary of Academic Achievement

Parents were asked to rate their child's achievement in terms of four areas: mathematics, reading, language development, and physical education. This information is presented below in Table 33.

Table 33

Parents' Rating of Achievement

Ratings		Math	Reading	Lang. Devel.	P.E.	Total
Above:	Integrated	3	4	3	3	13
	Self-Contained	4	3	4	5	16
Average:	Integrated	2	2	1	2	7
	Self-Contained	3	2	2	1	8
Below:	Integrated	2	1	3	2	8
	Self-Contained	0	2	1	1	4
	TOTAL	14	14	14	14	

D. SOCIAL FACTORS

1. Summary of Effects on Non-HI Peers

Parents from both programs recognize and report similar problems involving Non-HI peers. However, almost half the families from the Self-Contained program did not mention that their child's HI might have an effect on Non-HI children.

Teachers' responses tended to differ in the following ways: (1) regular teachers from the Integrated program did not report that the student's HI may have an effect on Non-HI peers, (2) the special teachers in the Integrated program saw the effects of the child's HI on Non-HI peers as being related to the level of social maturity of the HI child and the awareness of the Non-HI child; and (3) teachers' responses from the Self-Contained program were similar to those of the special teachers from the Integrated program.

2. Summary of Specific Teasing by Non-HI Peers

There are significant differences in responses to questions of HI-related teasing between the Integrated and Self-Contained program. In comparing parent responses: (1) Integrated program parents appear to be significantly more aware of the types and sources of teasing that the HI child receives; and (2) parents in the Self-Contained program appear to be less aware or tend to deny specific teasing of their HI child.

The awareness of the parents is in direct contrast to the amount of teasing reported by teachers. In the Integrated program (1) regular teachers seem unaware of specific teasing

due to the child's HI, whereas the special teachers in this program reported teasing about speech, in addition to indirect social isolation; and (2) teachers in the Self-Contained program, however, report much more specific teasing directed towards HI. Another type of teasing was reported by these teachers, i.e., that which occurs within the Self-Contained program. This type of teasing among the HI students includes a particular vocabulary of its own. Further, HI students in the Self-Contained program seem to receive more teasing from Non-HI peers than HI students in the Integrated program.

In summary, within the Integrated program, parents appear more aware of specific teasing than the regular teachers; in the Self-Contained program, parents are much less aware of specific teasing than are the teachers. It is also clear that the HI itself is not the object of teasing, but rather, how the HI is manifested.

3. Summary of Friends

Children and parents were asked to list the child's friends both in the neighborhood and at school and to indicate which were HI. In comparing the Self-Contained and Integrated programs there are few significant differences. In each case, four of the children had no HI friends, i.e., all their friends had normal hearing. Parents in each program appeared to be aware of their child's friends, and which ones were HI. Perhaps the only difference between the two programs is that in the Self-Contained program two children have all HI friends, whereas in the Inte-

grated program no child had all HI friends although several (3) had at least one HI friend.

4. Summary of Social Adjustment at School

Responses to this theme seem to cluster into parent X program and teacher X program classes. (1) Parents in the Self-Contained program reported no major or minor problems concerning their child's social adjustment at school. This is in contrast to, (2) all the teachers in the Self-Contained program who felt that the child's HI interferes with their learning social skills. In keeping with this view, these teachers also report HI students were socially immature.

5. Summary of Recreational Habits

There appears to be no differences bewtween the Self-Contained and the Integrated students in terms of recreation. In both programs, three of the seven students reported that they engaged in recreational activities, primarily by themselves. The remaining four students in each program appeared to have access to a wider range of recreational sources. Further, four of the children in each program were involved with sports or other physical activities.

Parents in the two programs were strikingly similar to each other and their children, and no differences were noted.

Teachers in the two programs were also similar. The only restrictions they pointed out were those due to hearing aids and to some group sports or activities where the student might miss out on conversations or directions.

6. Summary of Teacher's Report on HI Impact on the Child's Self-Concept

Teacher's responses to this thematic area varied considerably, although most teachers viewed the students' "self-concept" as being negatively affected by the HI. Secondly, the teachers' responses seem to reflect their different theoretical or conceptual frameworks, i.e., they disagree about how the negative effects are caused and function.

Within the Integrated program, teachers responded as follows:

(1) Two regular teachers viewed the child's HI as having very little impact on "self-concept," and rather, focused on the individual child's adjustment.

(2) Three regular teachers considered the negative effects to be the result of the general social problems of HI students. These teachers also mentioned the students' occasional embarrassment with peers regarding their HI.

(3) Special teachers think that the HI diminished the child's self-concept because he/she is dealing with an "auditory society." They emphasized that it is necessary to support the development of a more positive self-concept in the child. One of these teachers also noted that the "guilt" of some parents seemed to affect the child's self-concept.

(4) One teacher reported being "unsure" of the effects of HI on a child's self-concept.

Teachers from the Self-Contained program responded in the following ways:

(1) Two of these teachers reported that the effects of the HI

on a child's self-concept were dependent on the child's parents.

(2) One teacher described HI children as having poor self-concepts and at times a distorted sense of self. This teacher was interested in the therapeutic use of video-tape feedback to improve the child's sense of self.

(3) Several teachers noted the individual differences among the students in relation to their HI, but also noted that most HI students "hide their hearing impairment," and are concerned about how their HI effects their relationships with Non-HI peers.

II. HISTORY OF EXPERIENCE, EXPOSURE AND KNOWLEDGE OF HI

A. PERSONAL EXPERIENCE AND KNOWLEGE

1. Summary of Parents' Friends or Acquaintances with HI

Parents were asked both in the interview and the Brown Attitude Scale various questions about their friends and relatives and previous experience with hard of hearing or deaf people. A summary of these responses for the Integrated and Self-Contained parents appears in Table 34. As can be seen from the table, there is little differences in any of these areas.

2. Summary of Famous People with HI

Parents and teachers were asked if they knew any famous people who were HI. It is interesting that parents either

knew of no hearing impaired famous people (or perhaps one) or else they knew several. There didn't seem to be any middle ground. Parents and teachers are aware of very few famous people with HI, as seen in Table 35.

Table 34

Parents' Friends, Relatives and Exposure to HI Individuals

Questions	Integrated		Self-Contained	
	Yes	No	Yes	No
1. Friends with HI?	4	3	4	3
2. Members of Wife's Family With HI?	2	5	1	5
3. Members of Husband's Family with HI?	2	5	2	4
4. Know any HI People When a Child?	5	8	2	5
5. Known a Deaf Person Ever?	10	2	10	3
6. Know a Deaf Parent or a Deaf Child?	8	5	5	5

Table 35

Parent and Teacher Knowledge of Famous HI People

	Parents		Teachers		Spec. Tchrs.
	Integrated	Self-Contained	Integrated	Self-Contained	Integrated
Edison			1		
Helen Keller	2		6	5	2
Art Carney		2		1	
Nanette Fabray		3	1	2	
Polly Bergen	1				
Norm Cosby		1		1	
Larry Brown	2			1	
Mrs. A.G. Bell	1		1	1	
Beethoven	1		3		
Others	4	4		4	3
None	1	4			

3. Summary of Reading Exposure to HI Literature

Part of the Brown questionnaire addresses the question of how much parents have read or become involved in HI as a subject of interest. Summarized below is the distribution of parental reponses to these items.

Integrated parents read significantly more HI literature and research. The Integrated parents are significantly more involved with current literature dealing with HI children.

Table 36

Parents' Reading and Exposure to HI Materials and Research

Question	Integrated Yes	Integrated No	Self-Contained Yes	Self-Contained No	Chi Square X
1. Prior to your child's HI did you ever see a magazine or journal on HI?	6	6	3	6	n.s.
2. Since learning about your child's HI, have you read one of the following:					
Amer. Annuals of the Deaf	5		0		
Deaf American	1		0		
Exceptional Children	2		0		
Teacher of the Deaf	1		1		
Volta Review	5		1		
Other	0		0		
Books	1		1		
3. Do you subscribe to any of the above?					
Volta Review	4	3	0	7	10.8*
Amer. Annuals of the Deaf	4				
4. Seen any TV program on HI?	7	0	6	1	n.s.

*p<.001, df=1

4. Summary of Membership in Associations for the HI

Parents were asked about their membership in the Alexander Graham Bell Association for the Deaf and of any associations they may belong to for parents of the deaf or hard of hearing. The responses of the parents for both the Integrated and Self-Contained program are summarized in Table 37 below.

Again, it is apparent that parents from the Integrated program appear to be more involved with the area of HI. The difference in their membership and organizations is in striking contrast.

Table 37

Parents' Membership in Associations For HI

	Integrated		Self-Contained		Chi Square
	Yes	No	Yes	No	X
1. Do you belong to Alexander Graham Bell Association for the Deaf?	9	4	0	10	11.36*
2. Do you belong to any association for the parents of deaf or HI children?	10	3	4	6	3.25**

* $p < .0007$, df=1
** $p < .07$, df=1

B. SUMMARY OF FUTURE EMPLOYMENT

There is little difference between the Integrated and Self-Contained participants regarding the prediction of the child's professional attainment. They also respond similarly when assessing the effects of the child's HI on vocational choices. Parents in both programs seemed to be aware of their child's specific choices and the level of

certainty felt by their child. Teachers in both programs appear to agree that the HI has very little effect on future vocational choices, with the exception of physical attributes.

III. ASSESSMENT OF EDUCATIONAL PROGRAM

A. EXPOSURE TO PROGRAMS

1. Summary of Previous HI Education

Most Integrated students had the same previous educational experience. Whereas, the Self-Contained students had been involved in various public and private programs. All but one of the Integrated students were involved in the same program from preschool on. Students and parents in both programs like the present educational program that the child was attending.

Three questions on the Brown addressed the area of (1) age of detection of HI, (2) age first received special help, and (3) additional health problems. Mean age of detection was 1.7 years for Integrated and 2.2 years for Self-Contained students. Although not statistically significant, most Integrated students were detected earlier than Self-Contained students, and had more additional health problems. Integrated students also tended to receive special educational help at an earlier age.

Regular teachers in the Integrated program had no previous HI training and only two of the teachers previously

had HI children in their classroom. Teachers in the Self-Contained program had much more previous experience and training than the special teachers in the Integrated program.

2. Summary of Other Programs Visited

None of the Self-Contained students reported visiting any other HI program, whereas three of the Integrated students had visited other programs; only one had found a program he liked better than the one he's presently attending. All of the parents in the Integrated program had visited other HI programs, none of which they found preferable to the one their child is presently attending. Three of the Self-Contained parents had visited other HI programs. None of the parents were satisfied with the other programs visited. Integrated parents had visited many more programs and in more diverse sections of California than the Self-Contained parents.

Regular teachers in the Integrated program had visited no other programs. Special teachers in the Integrated program and teachers in the Self-Contained program had visited many other programs, finding positive and negative aspects in each program.

3. Summary of What Program Parents and Students Would Choose

Only two of the seven Integrated students and three of the seven Self-Contained students would choose programs other than the ones they were attending. The two Integrated students each preferred private schools, one because the child had previously attended the school and one because of friends at the other school. Of the three studens in the Self-Contained program, one wanted to return to a previous elementary school within the same program, one wanted to go

to the school a relative attended, and the other wanted to go to a regular high school. None of the other children in either of the programs showed any preference for a different school.

Parents in the Integrated program all felt satisfied in the present program. Only two expressed an interest in other programs, one in a smaller program and one in a private neighborhood school. Three parents in the Self-Contained program wanted their child to go to a local school, if the school had an HI program. Parents in the Self-Contained program appeared to have to commute a great deal to get their child to school. This is not true in the Integrated program.

4. Summary of Choice of Present Program

Five of the children's parents in each program chose the program for their child. Integrated parents were involved in starting their child's program and heavily invested in its success, positive aspects and in protecting its existence. Most of the parents who chose the Self-Contained program, did so on the recommendation of a HI specialist. Both groups of parents felt positive about their respective programs. They also wanted to have a choice as to where their child attended school.

B. KNOWLEDGE OF PROGRAM

1. Summary of Overall Goals of Program

There appears to be more precise agreement among parents, teachers, and the administrator in the Self-Contained program on overall goals than their counterparts in the Integrated program. Six of the seven parents and all of the teachers were consistent

with the administrator in stating that the overall goal of the Self-Contained program was to develop the HI children so that they could be integrated into Non-HI classes.

A majority of the Integrated parents stated that the overall goal was to have the child become more independent and autonomous. Integrated regular teachers, on the other hand, stated that the overall goal was integrating. Otherwise the goals were the same as for the Non-HI child. They also stated that no specific goals or objectives had been discussed with them. Special teachers in the Integrated program felt the overall goal was no different than the goals for Non-HI children. They also state no specific goals had been given to them by the district. The Integrated administrator felt that the overall goal was educating the child in the least restrictive alternative, i.e., full integration.

It appears that the overall goal in terms of administration for both programs is to integrate the children into the regular classrooms. Teachers and parents in the Self-Contained seemed to better understand the district's goals. Both program administrators and teachers also stated as an objective the desire to have HI children's achievement be at grade level and/or commensurate with their potential.

2. Summmary of Special Support Available

Aside from the special itinerant HI teachers and learning assistants in the Integrated program, both programs appeared to have somewhat similar support systems available. Parents in both programs were aware of the special support systems available. Teachers in

both programs also were aware of the support systems available. There was some concern expressed in the Integrated program that perhaps some students had too much special support. Teachers in the Self-Contained program stated there was a desperate need for additional support systems within their program, and this was one of the problems that needed attention.

3. Summary of Administrative Support

All the parents in the Integrated program saw the administration as supportive of the HI program. Parents in the Self-Contained program reported mixed responses, four stating the adminstration was supportive and three being uncertain about administrative support. Parents in the Integrated program also felt that individual schools should be better coordinated by the district administration. This suggestion also was made by teachers who stated a concern that individual schools differed according to the Principal. Teachers in the Self-Contained program, although stating that adminstration at the school level is extremely supportive, were unsure as to the amount of support on the district level. Thus, teachers in both programs felt supported but from different sources. Integrated teachers felt district but not local support, and Self-Contained teacners felt local but not district support. Self-Contained teachers also stated that they would like to see more positive involvement and support at the district level.

C. ASSESSMENT OF NEEDS

1. Summary of Teacher Training Needs

Parents in both programs felt teachers needed more training in terms of HI education. Parents from the Integrated program had suggestions that were more concrete and specific whereas parents from the Self-Contained program made suggestions for more general training. All regular teachers in the Integrated program felt they needed training in HI education. Most teachers wanted practical training on an in-service basis. Most teachers had received no training at all on working with HI children. Special teachers in the Integrated program, similar to their regular teachers, suggested in-service training between the special and the regular teachers to exchange information regarding HI education. Teachers in the Self-Contained program were similar to the special teachers in the Integrated program in that both groups made general recommendations in regards to training teachers of HI children, rather than specific training they needed.

Teachers in the Self-Contained program emphasized training in speech and language development, audiometrics, and technology of hearing aids. They also requested vocational seminars to learn about vocational possibilities for HI students.

The administrator in the Integrated program emphasized special training for regular teachers to assist them in being more aware of the impact of the child's HI and to modify their curriculum and teaching strategies to deal with HI handicaps. The adminstrator from the Self-Contained program emphasized

training needs in speech and language development, attitudes and behavior of HI children, and coping strategies needed to deal with interpersonal stress in the classroom.

Parents and teachers in the Integrated program appear to agree on the types of needs for teacher training. This is also congruent with the administrator. Parents and teachers in the Self-Contained program showed very little agreement in terms of teacher training needs. There was more agreement between teachers and the administrator in terms of general areas of training needs.

2. Summary of Curriculum, Equipment and Material Needs

Only one of the parents in the Integrated program suggested a change in the curriculum. Otherwise, these parents had no suggestions for curriculum changes. Self-Contained parents suggestions included phonics and increasing speech reading skills as changes in the curriculum. Teachers in the Integrated program suggested no changes in curriculum, with the exception that one special teacher desired a written curriculum for each grade to facilitate the teaching of the HI. Teachers in the Self-Contained program had great concerns over the curriculum. They all stated that the present curriculum which requires each teacher to write their own was inadequate. They expressed a definite need for a well-defined and workable curriculum similar to the regular curriculum within the district. The administrator in the Integrated program suggested changes in the curriculum in terms of audio-visual aspects that be appropriate for HI students.

Parents, teachers and special teachers all felt audio-visual materials and alternatives to inadequate audio-visual materials

should be provided. Parents and teachers in the Self-Contained program also felt the need for more visual materials and audio-visual alternatives. The equipment needs were similar for the two programs and for the various participants in the two programs. These needs also centered around audio-visual materials including projectors, video tape equipment, hearing aid testing equipment and mechanical teaching aids. Both programs seemed to need more special equipment than is presently available.

3. Summary on Special Curriculum Preferred

One parent suggested a curriculum emphasizing cognitive development with special after class discussion. With this one exception, neither parents, teachers, special teachers nor administrators had any suggestions for any special curriculum. Half of the teachers in the Self-Contained program suggested a better curriculum except for what they wrote themselves. Teachers felt they had no special curriculum for HI children, but they knew of no curriculum that was better. All pointed to other curriculums that had some positive characteristics. They knew of no special curriculum that they would adopt. The administrator in the Integrated program did not know of any special curriculum.

D. PARTICIPATION AND INFLUENCE

1. Summary of Parent Participation in the HI Program

All parents in the Integrated program and all but two parents in the Self-Contained program stated the program encouraged parent participation and suggested no changes. Most of the Integrated

teachers and special teachers stated that the program encouraged parent participation, and none of the teachers suggested changes. All the teachers in the Self-Contained program stated that parent participation was encouraged but was greater at the elementary level than at the secondary level. The admininstrators in both programs felt their programs did encourage parent participation.

2. Summary of Ability to Influence Program

Parents in both programs stated that they could influence their child's educational program. Half of the regular and special teachers in the Integrated program stated they could influence their own specific school or program. The remaining half of the teachers in the Integrated and all of the teachers in the Self-Contained program stated that they could not influence the program.

3. Summary of Teacher's Exchanges With Peers

Teachers in the Self-Contained program meet regularly with other HI teachers in their program but rarely with HI teachers from other programs. Teachers wanted more sharing of approaches, methods and problems.

Regular teachers in the Integrated program reported they had never met as a group, had never had in-service or special training as a group, did not share ideas with each other, and had not met with HI teachers from other programs. Regular teachers wanted one to two in-service training meetings per year to discuss HI education.

Special HI teachers in the Integrated program met regularly within the program but rarely with HI teachers from other programs. They suggested in-service training meetings for regular teachers with HI students in their class.

E. CRITIQUE OF PROGRAM

1. Summary of Things Liked Best About Program

Parents from the Integrated program stated they like the child being part of a normal, neighborhood school. They also have positive attitudes about the special teachers. Parents from the Self-Contained program most frequently mentioned positive attitudes toward teachers, the curriculum and support from the program.

Teachers from the Integrated program mostly mentioned the support from special teachers and flexibility or freedom in teaching styles as the things they like best. Teachers from the Self-Contained program mentioned (1) the freedom to be flexible and self-directed in teaching methods, and (2) the vocational rehabilitation courses for the students as positive aspects of their program.

2. Summary of Thinks Liked Least About Program

Most of the parents (4) from both the Integrated and Self-Contained programs had no negative comments or things they liked least about their programs. Parents from the Integrated mentioned the need for more help and more male teachers and wanted regular teachers to not have to take HI children into their classes if they had difficulty coping with HI children.

Parents from the Self-Contained program mentioned they (1) disliked the distance in terms of transportation and its impact on the child having neighborhood friends at school, and (2) the push for integration without teacher preparation

or special help for the child.

Regular teachers in the Integrated program disliked (1) the extra meetings with special HI teachers and the extra paper work involved, and (2) the lack of preparation or training before having a HI student in their classrooms.

Special teachers in the Integrated program disliked (1) dealing with parents who liked to direct the teaching practice and (2) traveling among schools with no home base.

Teachers in the Self-Contained program mentioned (1) HI students spend too much time with other HI students rather than Non-HI. students, and (2) the curriculum was weak, too individualized from one class to another, and too confusing to students changing from one teacher to another.

3. Summary of Changes Wanted

Students in both programs wanted less difficult work. Integrated students mentioned their health class as being particularly difficult.

Parents in both programs wanted little in the way of changes. Parents from the Integrated program suggested (1) training regular teachers about HI, and (2) having special teachers observe the HI student in the classroom and also work with Non-HI students. Parents in the Self-Contained program mentioned their desire for better teacher preparation and closer monitoring of HI students' emotional problems.

Regular teachers in the Integrated program wanted (1) special curriculum and special training, (2) more explicit coordination

of HI educational goals, (3) more parental support of teaching methods and their effects, and (4) better equipment, materials and textbooks, especially in social science. Special teachers wanted (1) more in-service training with and for regular teachers, (2) better coordination of materials and supplies, and (3) more emphasis on self-concept for older students and academics for younger students.

Teachers in the Self-Contained program wanted (1) more special support systems and personnel, and (2) a stronger, more integrated curriculum.

4. Summary of Parents' Confidence in Program

One of the questions on the Brown Scale asked parents to rate the amount of confidence they have that they made the correct decision in placing their child in the current program. Responses from mothers and fathers from each program are summarized below in Table 38.

Table 38

Parents' Rating of Confidence in Program

	Very Confident	Fairly Confident	Slight Lack Of Confidence	Serious Lack Of Confidence
Integrated	13	0	0	1
Self-Contained	7	7	0	0

$x^2=9.8$, df=3, $p<.02$

VII. ATTITUDES, BELIEFS AND OPINIONS

A. INTEGRATION OR SELF-CONTAINED

1. Summary of Preference for Integrated or Self-Contained

Responses of students and parents from both programs of their preference for the student being in a classroom with HI or Non-HI children are summararized below. Students from the programs do not differ in their preferences. Parents from the Integrated program all preferred their child be in an Integrated classroom. They stated they preferred Integration because it provided better reality testing in living in a world of hearing people. Five of the parents from the Self-Contained program preferred their child be in a HI classroom and two parents had no preference. The main reason for the preferences for Self-Contained was because the HI class was smaller and provided more special attention.

Table 39

Preferences for Integrated or Self-Contained Classroom

		Want HI in Classroom	Want Non-HI In Classroom	No Preference
STUDENTS	Integrated	1	2	4
	Self-Contained	3	2	2
PARENTS	Integrated	0	7	0
	Self-Contained	5	0	2

2. Summary of Factors Relevant for Selecting Students for Integration

Parents from the Integrated program all felt children should first be tried in an integrated, oral program with special help. Relevant factors for selection were degree of HI, intellectual level and achievement motivation and performance. Parents from the Self-Contained program mentioned emotional development, achievement motivation and performance, and the teacher's (in an integrated classroom) ability to handle and accept a HI student.

Regular teachers from the Integrated program mentioned (1) academic performance and motivation and (2) social development. Teachers from the Self-Contained program mentioned (1) academic performance and motivation and (2) lipreading skills.

3. Summary of How Children Should Be Selected for the Program They Were Attending

Parents in the Integrated program stated students should (1) be able to keep up with the class, (2) have good language and lipreading skills, and (3) have average or above intelligence. Parents in the Self-Contained program would (1) exclude retarded or multihandicap students and (2) have HI professionals evaluate and recommend the appropriate program.

Teachers in the Integrated program mention that the student must (1) be able to function academically, socially and "hearing-wise" in a regular classroom, (2) have a positive attitude, (3) have good lipreading skills, and (4) strong parental support.

Teachers in the Self-Contained program were very heterogeneous in their responses. They stated students should first be able to demonstrate a high level of functioning in a Self-Contained

classroom before being integrated. There was no agreement on selection.

B. USE OF SIGN LANGUAGE

1. Summary of Does the Student Know Sign Language

None of the Integrated and five of the Self-Contained students know how to use sign language. Only one Integrated student wanted to learn sign language.

Only one parent in each program knew how to use sign language. Parents in both programs were concerned that if sign language was encouraged, it would hamper students' language and speech development. Only one special teacher in the Integrated program and two teachers in the Self-Contained program knew how to use sign language.

2. Summary of Feelings About Sign Language

Parents in both programs felt sign language was an important tool, but they were concerned about students learning sign language before their oral skills were developed.

Teachers did not differ significantly between programs in their feelings toward sign language.

C. SUMMARY OF FEELINGS TOWARD AUDIOLOGY

Parents, teachers and the administrator in the Integrated program were much more critical of audiology than their Self-Contained counterparts. Criticisms were (1) lack of consistency and agreement among audiological evaluations, (2) lack of involvement with education, and (3) audiological reports are poorly standardized for comparison purposes.

Teachers in the Self-Contained program wanted (1) audiologists to be more involved in education, (2) periodic in-service training on new technology, and (3) a more standardarized vocabulary and format for audiological reports.

D. SUMMARY OF LEGISLATION AND POLICY FOR HI EDUCATION

All respondents in both programs stated concern that the State would mandate educational programs. It was repeatedly stated that what was preferred was flexibility and consumer choice of HI educational programs, i.e., districts should offer integrated and self-contained oral, total and other programs. Another concern is that the State will centralize education for HI children. Parents were particularly negative about centralized education, especially in terms of its impact on the social and interpersonal development of young children. Parents in both programs wanted integration to be a viable option in their school district. Other issues or suggestions from parents and teachers include (1) funds for early detection and testing, (2) financial assistance for hearing aids and hearing aid checking devices, (3) reimbursement for private placement be more easily obtained, (4) increased funding for speech therapy and language development, and (5) academic credit be given for speech and vocational classes to increase student motivation.

Administrators in the programs differed in their discussion of the State Master Plan. The administrator and teachers in the Self-Contained program made more statements about the State Master Plan.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this study was two-fold: (1) to collect initial information on issues raised about two types of programs for the HI, and (2) to suggest ways in which each type of program could be improved. This section of the report provides a summary of the results, conclusions based on those results and a number of recommendations to improve the effectiveness of each of the programs. This discussion is organized into four general sections: (1) how a decision is made to participate in either type of program and the outcomes of that decision, (2) the structure and functioning of each program, (3) information on special issues that have been raised about Integrated programs for HI, and (4) other issues raised by this study.

Section 1: Decisions Effecting Selection of Program

This section provides information and discusses how decisions were made to enroll the HI child in an Integrated program and the result of those decisions. In the structure interview, the parents and teachers were asked what factors are important in choosing a type of program. The respondents cited eight factors relevant for screening and selecting students: (1) academic performance, (2) motivation, (3) social and emotional development and maturity, (4) lipreading skills, (5) intellectual level, (6) parental support, (7) good language skills, and (8) severity of HI. Each factor was mentioned as being important by parents and/or teachers. However, it is not clear to what extent these factors are used in the actual selection of a program by the parents or

a student by the two districts.

Integrated parents report on the Brown Scale selecting the program based on their own information and experience (a group of these parents requested that the district provide an Integrated program and assisted in its early development). The Self-Contained parents were more likely to have chosen the program on the basis of a recommendation from a hearing specialist. The fact that all of the parents in the Self-Contained program made their selection on the advise of a hearing specialist raises several important questions: 1) do hearing specialists routinely recommend self-contained programs, 2) are they likely to know of the existence of integrated programs and 3) is there a catalogue of types of HI programs, either on a state or county basis?

Two other variables that might influence the decision to enroll a child in a particular program is the extent to which the parents have acquired information on HI and their prior exposure to HI. The parents from the Integrated Program report subscribing to and reading many more publications and belonging to more organizations for the education of the HI. Also, Integrated parents have visited more programs for the HI. There are no differences between the two groups of parents on the number of relatives or friends that are HI, and for both groups the number is quite small. The combination of these two variables may account for a number of different results obtained in this study. That is, when filling out questionnaires the Integrated parents' responses may be influenced by their knowledge of the literature in this area, while the Self-Contained parents may be basing some of their responses on limited exposure to other HI persons. For example, when reacting to the word "Hearing Impairment" on the Semantic Differential, Integrated parents rate it less negatively than

Self-Contained parents. Since the students were matched for amount of HI, other factors must be contributing to this difference. It is plausible that limited exposure to HI relatives and friends without some normative information may, in part, account for some of this difference (see Table 7). The more positive rating of the Integrated parents on "Integration of a Deaf Child into a Hearing Class" can also be explained with this interpretation. Although it is more likely that this difference is accounted for by the exposure of one group of parents to an Integrated program.

It is difficult to conclude that because the Integrated parents have more information about the literature in this area they chose an Integrated program, since there is still no consensus and much debate about the relative advantages of each type of program (cf. Northcott, 1973).

Having made a decision (although, the options presented to the Self-Contained parents are not clear) about the type of program for their child, it is of interest to see if there are any differences between the groups in either program. The students and parents reported that they liked the present educational programs. Parents were asked to rate how confident they were that they made the correct decision in placing their child in the current program on a four point scale. Table 38, depicts those results, and with one exception both groups of parents are either very confident or fairly confident of their decision. The parents from the Integrated program rated their confidence more positively (13/14 very confident) than the Self-Contained parents (7/14 very confident, 7/14 fairly confident). During the course of the interviews, it was discovered that in the Self-Contained program some parents had been strongly urging

that the program adopt a total (oral + manual) communication approach for educating the HI.

An important aspect of the parents' confidence in their decision to place their child in a particular program is the extent to which they participate in and can have influence on the program. All of the Integrated parents and most (5/7) Self-Contained parents stated that their program encouraged parental participation and suggested no changes. This is a real credit to both the programs. The active participation of parents in the education process is a high priority at both the state and federal level.

Most of the Integrated teachers also perceive the program as encouraging parent participation and suggest no changes. Some of the regular teachers stated that they had not noticed any more parent participation from the Integrated program, than usual. This is probably a result of the special teachers extra liaison with the parents. All of the Self-Contained teachers stated that parent participation was encouraged, but that the participation was greater at the elementary than at the secondary level. Some of the parents in this group agreed with that observation. It may be that the parents of secondary school students in the Self-Contained program no longer feel the same need to be actively involved; or it is possible that there are subtle differences that are weakening parent participation. The fact that all of the teachers in the Self-Contained program mentioned this adds credence to the latter possibility. The administrators in both programs stated that parent participation was encouraged and strong.

Parents are more likely to participate if they have a meaningful role. Most of the Self-Contained and Integrated parents felt they could

influence the program. Half of the regular teachers reported that they could influence the program, and the other half thought they could not. In contrast, only one teacher in the Self-Contained program thought the program could be influenced, and only with parent and other staff support. The active participation of the HI parents and their potential to influence the program might provide a model to discover ways in which to increase parents' participation in other areas of education.

In order to assess if the parents' confidence in their decision to place their children in either program can be documented, this study assessed the children's progress and problems in the following areas: 1) academic adequacy, 2) self-concept, 3) social skills, and 4) development of friends. The measurement of achievement with the HI student presents both conceptual and methodological problems that made comparisons with their Non-HI counterparts difficult. The practical problems center around the administration of the standardized test without some special instruction, and the decision on the appropriate level of the test. If the student does not achieve near-grade level performance, it is difficult to tease out the relative effects due to lack of comprehension of the subject matter, and general linguistic problems. The Integrated program conducts routine achievement testing on a district-wide basis, however, the Self-Contained program does not. Thus, data is available on all of the students in the Integrated program, and only on two of the Self-Contained students. This limited data suggest that there are no significant differences in academic achievement between the two programs.

Parents were asked to rate their child's achievement in mathmatics, reading, language development and physical education (see Table 33, p. X-48). While there are few differences between the parents' rating in each

group, the Integrated parents tend to rate language achievement slightly lower than Self-Contained parents. At least two possible interpretations of these results are evident. Either the parents in Integrated programs are using higher standards, or reporting more realistically or the students in the Integrated program may be slightly behind in language development. There is evidence, however, to buttress the first possibility. None of the parents in the Self-Contained program mentioned problems with students' academic performance. Four parents specifically stated there was no problem. In contrast, all of the teachers in the Self-Contained program pointed out that there were academic problems. In addition, the Integrated program is located in a district which is in the top 5% statewide for achievement. Thus, parents in Integrated programs may be using a higher standard for a reference point.

The students' scores on the "academic adequacy" factor of the "How I See Myself Scale" reveal that the Self-Contained students see themselves as more adequate than their HI counterparts in the Integrated program. Again, point of reference is important. The Self-Contained students tend to compare themselves with other HI students, whereas the Integrated students have high achieving Non-HI classmates to compare themselves against.

A second area in which the students in both programs should be compared is self-concept. As indicated in the Methods Chapter, self-concept is not a unitary trait but rather a summation across several different variables. Nonetheless, self-concept has been identified in most educational research as a variable that correlates highly with both school achievement and subsequent success. All teachers in both programs felt that a child's self-concept was negatively affected by HI. The

results on the "Interpersonal Adequacy" factor partially support this view. Younger Non-HI students in the Integrated program score significantly higher than the same grade students in the Self-Contained program (all HI). However, these same students also score higher than their older school mates (Non-HI) in the Integrated program. While the scores of the Integrated HI students are higher than the Self-Contained students, the samples are too small for statistical comparison.

Additional information on self-concept and HI can be gleaned from the responses to the interviews and the Brown Attitude Scale on the general topic of friends. There is a general awareness of potential problems for HI children with Non-HI peers. Most parents and the HI teachers recognize, and in both programs, report similar problems, although half of the families in the Self-Contained program do not mention this as a problem area. Regular teachers did not report this as a problem area, either. The same pattern of responses from parents, teachers and special teachers occur when they were asked about HI children being teased.

The students in both programs do not differ significantly in the number of Non-HI friends. However, two children in the Self-Contained program report no Non-HI friends. The Self-Contained students do not go to the same school as their neighbors so this finding is understandable. However, it is also one of the most powerful arguments for the integration of HI children. It is difficult for children who commute (often long distances) to develop strong bonds with either their classmates (who they tend not to see after school and during prolonged school vacations) or their neighborhood peers (who attend different schools). Since teachers and parents agree that a HI detrimentally affects social skills, a HI

child in a Self-Contained program must contend with the detrimental effects of both the HI and the isolation from neighborhood peers.

Additional support for the potential negative impact of Self-Contained programs on the development of friendship comes from the future prediction of their parents. On "Your Child Thirty Years From Now" Self-Contained and Integrated parents differ significantly when responding to the question "Will have more deaf friends than hearing friends" (see Table 19, p. X-25). Self-Contained parents report greater likelihood of this occurring. Given the number of hearing and HI persons, this prediction must be based on the current exposure to HI students in their class and school.

Integration is seen as part of the solution to this problem by parents from the Integrated program. Their modal response to the statement on Part III of the Brown Attitude Scale "most deaf people prefer to associate with other deaf people rather than hearing people" was "this is why deaf children should be taught with regular children." In contrast, the Self-Contained parents modal response was "if they are happy doing this - that's fine."

A third area of psychosocial functioning relevant to a general notion of self-concept is the development of social skills. All of the parents and teachers in this study responded that HI children lack special skills. Certainly as a society, and probably as a species, the concept of social skills is interwoven with speech and language. While it is clear that a HI negatively affects the initial development of speech and language skills, its consequences in the development of many social skills may be more long lasting. By their nature these are skills developed and used in interacting with other persons. While lipreading

and careful listening may serve in many interpersonal situations, a large number of situations involve groups of persons. As reported by parents and teachers, in group discussion and activities, the HI are at a severe disadvantage.

Two group situations in which this restriction in skill may be apparent are the classroom and the playground. The Data Presentation Chapter provides support that there are problems for all HI kids in both settings. The limitation in picking up the rules of a new game on the playground is a model for understanding the difficulties of picking up more complex and subtle social rules and the translation of those rules to appropriate social skills. There is little direct evidence that supports the more rapid or appropriate development of social skills by the HI in either a Self-Contained or Integrated program. However, there is evidence that much of the behavior labeled as social skills is learned through direct observation and communication in groups. This process of modeling or observational learning is learned more efficiently and effectively if there are age-specific role models. To the extent that a HI affects the development of social skills (as reported by all of the parents and teachers in this study) a self-contained classroom would provide few age-specific models of social skills.

Section II: The Programs

This section provides information and discusses how well the programs are understood, received and might be changed. In the structured interview, parents, teachers and administrators were asked to delineate the overall goal for their respective HI program. Respondents from the Self-Contained program showed unanimous agreement that the overall goal of the program was to "integrate HI students into regular classrooms." Within the Integrated program, respondents each had a slightly different view of the overall goal of the program, as the overall goal of integration was assumed. There was some agreement among teachers and parents that there has not been a clear statement on the goal of the program.

Although the respondent from the Self-Contained program agreed about the overall goal, there was little agreement among the respondents from either program about the specific objectives of the program or how to measure success. HI children, like other children (handicapped or not), are not a homogeneous group, and measuring success is a thorny issue involving individual differences. The issue of measuring success needs to be addressed in each program.

Before this issue can be addressed, however, there needs to be agreement as to the goals and objectives within each program. Each program's School Board should request a clear statement of the HI program goals and objectives, which should be developed in conjunction with parents and teachers to achieve consensus and participation. This process may also serve as a means to improve communication, understanding and support among the parents, teachers, and administrators, as both programs were not well understood or supported on all levels.

Parents, students and teachers were asked to critique their respective programs, i.e., what they liked best, liked least, what they would change, and under what conditions they would choose another program.

Parents in each program liked aspects of the programs consistent with their position on Integration or Self-Contained education for HI children. Parents in the Integrated program (7/7) liked the "integrated" aspects of the program, i.e. the child could attend the neighborhood school with peers and receive "better reality preparation" for living in a hearing world. Parents in the Self-Contained program (5/7) liked the support they received from the program and the fact that their child received special help in a smaller classroom. Most parents in both programs mentioned positive attitudes toward HI teachers. Half of the regular teachers (3/6) in the Integrated program liked the support and education they received from the HI teachers and one-third (2/6) of them liked the flexibility and freedom in teaching methods.

All of the teachers in the Self-Contained program liked the flexibility and freedom in teaching methods. Two teachers also mentioned they liked the vocational courses offered HI students in their program. It appears that the most positive aspects of the HI programs for the parents in both programs and the regular teachers in the Integrated program are the HI teachers.

Students in each program like their respective program and show little preference for Self-Contained or Integrated programs. Some parents, however, have definite preferences. Parents in the Integrated program want the child first educated in an integrated program, and if the child could not succeed, then place the child in a self-contained

program. Parents in the Self-Contained program were not as consistent in their preferences. Teachers in the Self-Contained program, however, stated that the students should first demonstrate ability to function in a Self-Contained program before being integrated.

Most parents in each program (4/7 in each) stated there was nothing they liked least about their program. It is not clear if these parents had no dislikes because they were unaware of negative aspects of the program; they did not want to appear critical of their child's program; they had some dislikes but did not think they were major problems; or they were satisfied with the program. The intensity of emotional attitudinal investment by parents in their respective HI programs may also have been a factor in their not being critical of their program. Many parents are fearful that if their program appears to have weaknesses, the State will not support it or will change it in ways detrimental to their children. Although all adult respondents are concerned about the State making one type of HI educational program mandatory (e.g. centralized education), parents in the Integrated program were more fearful (than their counterparts) that the State might not allow or support the program they aggressively pursued. Parents in the Integrated program may have more reasons to be more fearful as Integrated programs are, in some senses, deviants of usual or traditional education of HI children. Parents in both programs want integration and oral education to always be an available option.

Of those parents in the Integrated program who did state they disliked some aspects, all criticisms were minor. Parents in the Self-Contained program (who stated dislikes) mainly were concerned with the distance of the school from their neighborhood which interferes with

their child's friendships at home and at school. This critism may be problematic to any Self-Contained program because of the incidence of HI children and the need for a large population.

Half of regular teachers in the Integrated program disliked the extra paperwork and meetings associated with the special HI teachers. Some also stated they did not like having little or no preparation prior to having a HI student in their classroom. Recommendations regarding their lack of preparation are included under training recommendations below.

Special HI teachers in the Integrated program dislike the amount of travel among schools and the lack of a home base for storage of materials and work space. They report these factors tend to make them feel disorganized. It was also stated that a few parents may be too involved, especially in attempting to direct teaching methods.

If the philosophy of the Integrated program is to have the same special HI teacher and child combination all the way through the grades, then teachers would continue experiencing these difficulties. If the teachers did not have the same child throughout the grades, then special HI teachers would be able to specialize in either (1) a certain geographical area or 2) age or grade levels so that they would not have to cover grades K-12. It is difficult to state whether having the same teacher throughout the grades is more effective than changing special teachers as the child progresses. Maintaining the same relationship does, however, assume a low turnover of special HI teachers which may not occur in other Integrated programs. Further, changing special HI teachers may be positive in terms of reducing the possibility of dependency or special communication or interactional patterns between the special HI

teacher and the HI student.

Two teachers from the Self-Contained program disliked the isolation of HI students from Non-HI students. They stated that HI students spend too much time with other HI students. This factor may negatively impact the student's self-concept, social skills, choice of friends (2 Self-Contained students had only HI friends), and potential for eventual integration.

Two teachers from the Self-Contained program also disliked the absence of a standard curriculum which they saw as a weakness in the program. They felt too much of their time was spent generating a curriculum for their students. This criticism will be addressed in the training recommendations stated below.

Students, parents and teachers were asked what changes they would like to see in their respective programs. Students in both programs generally wanted less difficult work. Two Integrated students mentioned a health class being particularly difficult. The causes of this difficulty were not stated.

In general, parents from both programs wanted few changes. The most mentioned change wanted by parents, regular teachers and special HI teachers in the Integrated program was the training of regular teachers to better understand and cope with HI students. This also coincides with a concern parents in the Self-Contained program have that integrated teachers are poorly prepared to teach HI students in a regular classroom. It is apparent that regular teachers in an Integrated program want and need training in dealing with HI students. This might best be accomplished by inservice training sessions for regular teachers conducted by special HI teachers. These sessions should include both

practical techniques and special approaches along with providing general knowledge of the impact of a HI on a students development.

Although teachers and administrators in both programs mention some curriculum changes as desirable, parents in the two programs were less concerned with curriculum changes. Parents in the Integrated program (with one exception) suggested no changes in the curriculum. Two parents in the Self-Contained program suggested curriculum changes, and these included having more phonics, and increasing speech reading skills.

It might be considered surprising that the well-read and well-exposed parents in the Integrated program do not have many suggestions for changing the curriculum, if it were not for the fact that these parents explicitly state that they do not want lower or different expectations from teachers of their HI children. Most of their suggested changes focused on changes in special equipment and materials.

This raises a question as to whether these parents are so involved in having their child be a "regular" student that they might overlook the possible benefits of some special curriculum. The study does not address this question directly. The administrator states that the program's regular curriculum is geared to above average students and should be altered by special HI teachers to facilitate learning of HI children in areas where their handicap is a distinct disadvantage. And, half of the regular teachers requested a special curriculum to deal with HI students, especially in social science areas.

Another factor in having special curriculums in this program is that special teachers have to work with different curriculums for each student and regular teachers in different classes. They state their job would be facilitated by having a complete and written curriculum for each grade

level. While this may ease the burden on special teachers, it would reduce the flexibility and freedom regular teachers like best about their program. One way out of this dilemma, perhaps, is to define the role of the special teachers as carrying out alternative approaches to the regular curriculum and focusing more sharply on the materials, equipment, strategies and education of regular teachers needed to buttress this support, rather than developing special curriculums.

Additional changes mentioned by special HI teachers in the Integrated program included better coordination of special materials and supplies by employing part-time clerical help. Regular teachers mentioned better coordination of HI goals (see above), more parental support of teaching methods, and better equipment, material and textbooks for HI students.

In the Self-Contained program, one parent suggested that teachers needed better training (unspecified) and to monitor HI students more closely to intervene prior to the development of problems. Teachers in this program, however, stated many needed changes primarily in two categories. They wanted (1) more special support systems and personnel (i.e., resource teachers, program coordinator, reading labs, and vocational seminars) and (2) curriculum changes involving a stronger emphasis on math and social studies, more communication skills, and greater integration of curriculum and teaching methods throughout the grades.

The expressed need for additional special support systems may or may not reflect differences in the availability of special support in an integrated and in a self-contained program. Perhaps the HI program is one of only a few offered in an Integrated district and receives additional special support in this particular program because of the high

achievement of the district's students, i.e., less need for varied special programs. In contrast, in the Self-Contained program, the HI program may be only one of several special programs and support personnel are spread out over several programs, making them less available. Whether this is an artifact of these particular districts or true of these programs in general, is a question remaining unanswered.

The administrator in this program described a new system (System IV) designed to meet the procedures of AB 1250, requiring individual programs for each student. There is agreement between the administrator and teachers in the need to continue to build an integrated curriculum. However, the program is funded by the district's general funds which constrains the amount of training and assistance available to teachers. There is a need to provide training to these teachers on how to implement this system. Also, there is a need for coordination of curriculum development and integration to provide teachers with better understanding, guidelines and some overall direction. Training and teacher assistance funds or personnel from the state would facilitate the development of this new system.

Parents and teachers in both programs discussed the need for additional equipment and materials especially in the audio-visual area. Suggestions were mainly directed at providing alternatives to audio-visual materials wherein the HI student was at a severe disadvantage, i.e., narrated educational movies, movies involving discussions among several people or when the speaker was not facing the camera, etc. Alternatives suggested included written outlines, printed summaries or sub-titles for films, transcripts of narrated films or discussions, amplified audio-tapes allowing the HI student to preview films, more

visual and manipulative materials and pictorial books, special workbooks on language for each student, mechanical teaching aids and special materials in the area of social studies. Many of the requests for equipment were also in the area of audio-visual equipment and included overhead projectors, slide projectors, viewing screens, and video-taping systems. Additional equipment needs were earmolds and battery testers to test hearing aids.

Both programs appear to need more alternative materials and additional equipment. In addition, parents from the Integrated program suggested more alternative materials than their counterparts in the Self-Contained program, which may be due to either their broader exposure or their greater and earlier involvement in educating the HI child.

Students and parents were asked if they would choose a program other than their present program. Two Integrated and three Self-Contained students would choose another program mainly for personal reasons (i.e., friend attended other school or liked previous school). Parents in the Integrated program felt satisfied with the present program. Two parents expressed an interest in smaller neighborhood programs. Three of the Self-Contained parents preferred their neighborhood school, if the school has a HI program. Their preferences were mainly due to the commute and to the description in terms of neighborhood and school friendships, i.e., the desire for integration.

All respondents are concerned about the impact of State legislation and educational policy on their present HI program. The concern is that the State will mandate centralized education for HI children. One of the main parental fears is that Integrated programs may be in jeopardy. All parents want the State to support diverse programs (i.e., Integrated,

Self-Contained) and methods (i.e., Oral, Total) which would allow freedom of choice. Parents in both programs want Integration to always be an available option. It should be noted that although parents in each program are committed to their respective programs, some of the parents in the Integrated program wanted this program to the extent that they moved their families in order to obtain Integrated, Oral education for their HI child.

Parents and teacher also requested additional funds from the State for the following areas: (1) an ongoing program of early detection and testing, (2) a program to assist parents in the purchase of hearing aids and hearing aid checking equipment, (3) developing special speech therapy and language development training, and (4) to facilitate reimbursement for private educational placement so that this option is more easily obtained by parents.

Section III: Special Issues

General issues have been raised in the HI educational literature about the efficacy and adequacy of Integrated educational programs for HI students. Most of these issues have been addressed in the previous two sections but will be summarized below:

(1) HI children are poorly prepared for Integrated programs.

This assertion is not supported by this study. Integrated students were detected and received special educational help at an earlier age than their Self-Contained couterparts. Further, the emphasis on oral education; parental involvement and pursuit of special training; exercises and private programs; the development of a private school by parents; and the initiation and support by parents of a public integrated program would indicate that these students were "groomed" for integration.

(2) Parents are naive as to the long term effects of Integrated programs.

The implication of this assertion is that the long term effects of integration are negative, yet there is little empirical data in the literature that can support this assertion. Again, this study does not support this assertion. Integrated parents are aware of more and more varied HI programs, read more HI literature, belong to more associations for HI parents, and challenge more HI specialists' recommendations than their Self-Contained counterparts.

(3) Integrated programs are poorly planned.

Unfortunately, this is true of both programs and recommendations are presented below to improve planning. There was little agreement among the respondents from either programs about the specific objectives of the program and how to measure success. There was also poor communication and understanding among program components at different levels of the program.

(4) Children are not screened on relevant factors.

It is not clear what factors or combinations of factors are relevant for screening children into one program or another. Respondents mentioned eight factors relevant for screening (see Section I, p. XI-1), but it is not clear to what extent these factors are used in the actual selection of the programs by the students, parents, or districts.

(5) Many Integrated programs are token integration wherein integration is only in recreation, meals or P.E.

The Integrated program in this study is a totally integrated, oral program with special itinerant HI teacher help outside of the classroom.

(6) Regular teachers in Integrated programs are poorly prepared.

Regular teachers in the Integrated program studies are poorly trained and prepared for teaching a HI student. To their credit, regular teachers, special teachers, parents and the administrator agree that regular teachers are not trained and need and want special training. Recommendations regarding training are presented in the next section.

Section IV: Issues Raised By This Study

Parents from both programs expressed concern in the interviews that sign language would have a detrimental effect on language and speech development. Only one parent in the sample knew sign language but did not use it with the child. Three of the Self-Contained and none of the Integrated students knew sign language. Sign language is used by students almost exclusively with other students in the Self-Contained program. The students reported they disliked using sign language when Non-HI persons were around.

While parents in both programs expressed concern with sign language, their expectations for their children in the future differ significantly. When completing Part II of the Brown Attitude Scale, "Your Child Thirty Years From Now," parents from the Integrated program report "a little" or "no chance at all" that their child would use both oral and manual communication. However, parents from the Self-Contained program report a "very good" or "fairly good chance" of this occurring.

Several factors may be contributing to this difference between the parent groups. Parents in the Integrated program may be more committed to and invested in an Integrated approach and be more concerned that the use of sign language would set their child apart from their Non-HI peers. This is supported by the fact that on the Semantic Differential, Integrated parents rated "Integration of a deaf child into a hearing class" as more positive than did Self-Contained parents. Also, on "Your Child Thirty Years From Now," Self-Contained parents reported a greater likelihood that their child "Will have more deaf friends than hearing friends."

Further, Integrated parents modal response to the statement on Part II

of the Brown Attitude Scale, "Most deaf people prefer to associate with other deaf people rather than hearing people" was "this is why deaf children should be taught with regular children." Self-Contained parent's modal response was "If they are happy doing this, that's fine."

Parents in the Self-Contained program may see the use of sign language as a natural consequence of the Self-Contained program wherein the student has much more contact with HI peers. Further research on the effects of the acquisition and use of sign language after the development of oral or language skills is necessary to decipher whether these effects may hinder or facilitate the development of additional language, social and other skills.

Two special skills of HI students (Lipreading and Visual Acuity) mentioned by respondents are of particular interest. Lipreading is seen as a special skill mainly by Integrated students and Self-Contained teachers. Integrated parents, special HI teachers and Self-Contained students do not tend to mention this as a special skill.

That Integrated students mention lipreading as a special skill more than Self-Contained students may be due to the fact that they have more exposure to Non-HI peers, whereas Self-Contained students may be more exposed to HI peers who also possess this skill. Self-Contained teachers, on the other hand, all mention lipreading as a special skill yet this does not appear to be communicated to their students.

It is important that HI students recognize that lipreading is a special skill they have developed that Non-HI children do not possess, as these students report too few skills they have that other students do not and need realistic support in developing a positive self-concept.

A majority of the Integrated parents and all of the Self-Contained

teachers reported that HI are more visually perceptive and sensitive (Visual Acuity). This skill was not reported by any Integrated special HI teachers nor any Self-Contained parents. Whether or not HI students do possess above average visual/perception skills is an empirical question and future research in this area can be designed to evaluate the presence of such a skill.

One issue that was not studied directly but would be of considerable interest to parents and teachers of HI children is the impact of having a HI child on the rest of the family. Several parents from the Integrated program spontaneously reported that having a HI child affected their families in several ways. Families reported that (1) Non-HI siblings resented the extra disproportionate attention given to the HI child, (2) the HI child demands almost total commitment of one of the parents during their early, formative years, (3) because the HI child is seen as special he may accrue more power in terms of manipulating the rest of the family, and (4) they moved the whole family to get desired education for one HI child.

This is an important area for future investigation. Further, since parents report that discipline is a problem for HI children (especially when younger), parents need training early on "how to parent you HI child" skills either through self-help groups or well-publicized HI pre-school programs.

It is difficult for parents to know where to obtain this help as there are several schools of thought on HI education. Further, the role of audiology in HI education has been criticized by parents, teachers and administrators in both programs. Audiological reports are seen as inconsistent, poorly standardized in terms of format and vocabulary,

and audiologists were seen as not involved with the educational process after completing their evaluation.

At the present time, parents appear to be relying on "word-of-mouth" recommendations until further resources and information are made available. As public education becomes more involved with early detection and treatment, attention should be directed towards developing support systems for parents in the early stages. Parents of older HI students may be one of the best resources to tap for such information.

Recommendations to Improve Current Programs

Parents in both programs report that the programs encourage parent participation and they suggested no changes. This is a credit to both programs and should be encouraged and continued.

There are several recommendations germain to both programs. The first cluster of recommendations are intended to strengthen the planning, administrative support, coordination and communication among program components and personnel.

(1) Each program's School Board should request a clear statement of the HI program goals and objectives which should be developed in conjunction with parents and teachers to (a) achieve concensus and participation, (b) improve communication, understanding and support among different participants, and (c) to facilitate the development of criterion to measure success.

(2) Periodic meetings of teachers, parents and administrators need to be scheduled to review the direction and progress on #1 above, to discuss the role of administration, and to integrate conflicting interests or directions. Administrators should act as facilitators of conflict resolution in these meetings.

(3) District and local school administrators need to be well informed and consistent with each other in terms of #1 above.

There is a special need in the Integrated program for coordination among individual schools, between regular teachers and special teachers, and among students, parents, teachers, special teachers, and administrators in this program.

Within the Self-Contained program, teachers poorly understood the System 4 approach to individualized curriculums. This needs to be

explained more fully by the administration and State and Federal funds or personnel may be appropriate in assisting the development of this change in program. In addition to developing this understanding, teachers need more contact with the District Administrator on a regular basis to (1) sense more interest and involvement, (2) to obtain answers to their requests for additional special support systems and personnel, and (3) to assess the amount of concensus in terms of specific support needed and resources available.

Periodic group meetings between parents and teachers are necessary to share information and expectations. This is especially true of the Self-Contained program as there is little agreement among parents and teachers in the areas of (1) HI effects on the student's academic performance, (2) specific teasing received by and given to Non-HI peers, (3) the amount of sign language used by HI students, and (4) the impact of the student's HI on social adjustment.

Both programs need special equipment and materials especially in the audio-visual areas wherein HI students were at a disadvantage (see pg. XI-17). Given that programs would establish planning meetings described above, one of the areas to discuss would be placing priorities on material and equipment needed and seeking funds to acquire them.

The need for student, parent and teacher training is manifest in both programs. Students need special training in developing a more positive self-concept, in acquiring more subtle social skills and in increasing the ability to participate in more group activities. Parents and teachers need to point out and reinforce positive skills (i.e., lipreading), models (i.e., successful HI adults) and experiences (i.e., individual successes and triumphs). Half of the HI students report

playing primarily by themselves. Special emphasis and innovative approaches should be offered to train HI students in group games and activities, given the difficulty they have in group situations. HI students also need special, innovative training to develop a repertoire of subtle social skills. This would require special equipment (i.e., video-tape systems), materials (i.e., manuscripts of specific plays or movies emphasizing an area) and a change in curriculum (i.e., more emphasis on readings and special exercises in this area).

Parents need early training in understanding the impact of having a HI child, how to cope with HI and resources available (see pg. XI-24). There also needs to be more agreement and co-support regarding special exercises and treatment strategies.

Regular teachers in the Integrated program need special training in HI education. None of the teachers received special training enabling them to deal more effectively with HI students. All regular teachers receiving HI students should receive special in-service training on the general effects of HI on social adjustment, academic achievement, self-concept, etc., as well as practical suggestions in teaching methods. This could be carried out by special HI teachers in scheduled in-service training sessions.

Although teachers in the Self-Contained program report meeting regularly, they are not satisfied. Meetings should focus more on sharing successful and unsuccessful approaches and innovative teaching strategies. They also need periodic exposure to Non-HI students to maintain their expectations, understand the regular program, and sharpen their teaching methods.

Teachers in both programs need the opportunity for periodic meetings

with HI teachers from different programs for a cross fertilization of ideas and methods. This is not presently being done.

PARENT COMMENTS

Parents in the Integrated program requested that they be allowed to review this report prior to it being sent to the State. Their comments are summarized below.

First of all we would like to thank the investigators for bringing out some of the issues that are very close to all parents of the hearing impaired and for presenting these issues in a manner, that we are sure, will be helpful to our cause. We would like to mention in this connection especially Section III, Special Issues (1), (2), and (6) and also the summary of legislation.

There are four specific parental reactions to the conclusions:

(1) The Integrated students compared themselves with their peers in a regular situation in a school district that has above average achievement level. This would explain why Integrated students did not rate themselves as high as students from the Self-Contained program.

(2) Early training (preschool), parent education and involvement, consistent help and especially continuity under the same tutor, team-work involving classroom teacher, tutor, administrators and parents are the key factors for the success of the Integrated program. It is important that at least in the elementary years the same tutor be retained for consistency and also to provide necessary feeling of security.

(3) According to anything we have encountered, there is no question but what the total child develops best when surrounded by "normal" role models and when treated as one of this group, (assuming he

can function adequately within this group).

(4) It seems to us that one of the most significant conclusions that could be derived is that aware, concerned and involved parents choose integration for their children. The study presents the converse, in showing that parents of integrated have these qualities.

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APPENDIX A - INSTRUMENTS

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PARENTAL INFORMATION AND ATTITUDE SCALE FOR PARENTS OF HEARING IMPAIRED CHILDREN

Donald W. Brown, Ph.D.
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The Graduate School
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Washington, D.C.

Name of organization or meeting at which you received this questionnaire:

_____

GENERAL INFORMATION

Part I.

Note: Please do not put your name or address on this form. All information will be treated confidentially and will be used only for purposes of scientific research.

1. Sex: Male_____Female_____ 2. Year of birth_____ 3. Year of marriage____

4. Living with spouse at present time. Yes_____No_____

5. Married more than once. Yes_____No_____

6. If married more than once, was previous marriage ended because of:
death_____divorce_____other(please state)_____

7. Draw a circle around the number of years of schooling you have completed.

12345673	1 2 3 4	1 2 3 4	1 2 3 4
Grade School	High School	College	Graduate Work

8. Religious affiliation:
____Protestant ____Jewish ____None
____Roman Catholic ____Other

9. Present family income (annual):

_____ under $3,000
_____ 3,000 to 4,999
_____ 5,000 to 6,999
_____ 7,000 to 8,999
_____ 9,000 to 10,999
_____ 11,000 to 14,999
_____ 15,000 or over

10. Husband's occupation (Be specific such as Drug Store Clerk, College Professor, Automobile Mechanic, etc.) _____

11. Wife's occupation _____
Full time _____ Part time _____

Note: In the following questions the child referred to is always your hearing impaired child.

12. Child's position in the family (1st born, 2nd, etc.) _____

13. Child's birthdate _____ Age _____

14. Age of child when hearing loss occurred _____ was diagnosed _____

15. How many physicians or specialists did you visit before hearing loss was identified _____

16. Degree of child's hearing loss: Profound___Severe___Moderate___Mild___
Average loss for speech frequencies (if known):
Right ear_____dB Left ear_____dB
Deaf_____Hard of Hearing_____

17. To whom did you originally go when you suspected a hearing loss:
Pediatrician___ Otologist___
General Practitioner___ Hearing Aid Dealer___
Audiologist___ Speech & Hearing Center___
Friend or relative___ Other___

18. What diagnoses other than hearing loss were given: e.g. mental retardation, "slow development" _____
By whom _____

19. Who gave the diagnosis of hearing impairment? _____

20. Are any members of Wife's family deaf or hard of hearing (Do not include elderly relatives who lost hearing late in life)
Yes_____State relationship_____No_____

21. Are any members of Husband's family deaf or hard of hearing
Yes_____State relationship_____ No_____

22. When you were a youngster did you know any deaf children or adults?
Yes_____No_____

23. During any part of your life have you known a deaf person? Yes____No____
If Yes, give name(s)_____

24. Prior to the discovery of your child's hearing loss had you ever seen a magazine or journal about deaf children or adults? Yes___No___

25. Since learning of your child's impairment have you read any of the following: (Please check those which you have read)
___American Annals of the Deaf ___Teacher of the Deaf
___Deaf American (Silent Worker) ___Volta Review
___Exceptional Children ___Other
___Books Specify title(s) _____

26. Do you subscribe to any of the above periodicals? Yes___No___
If Yes, give name(s) and length of time during which you have subscribed.
_____

Note: The following questions assume that your child is presently enrolled in a program for the hearing impaired. If this is not the case, answer the questions in terms of the program your child will be entering.

27. At what age did your child begin his education as a hearing impaired child
_____

28. Have you ever visited a school or class for hearing impaired children other than the one in which your child is enrolled? Yes____No____

29. Please give the names of at least three other schools, classes, or programs (in this state) that your child could have been enrolled in if you had not chosen the one he is presently attending_____
_____
_____

30. How did you first hear about the program your child is attending?
_____
_____

31. Did anyone encourage you to send your child to his present school?
Yes____No____If Yes, state relationship of the person(s) _____
_____

32. Have you visited your child's classroom? Yes____No____ If Yes, approximately how many times_____

33. Has anyone suggested that you enroll your child in a program other than the one he is attending? Yes____No____ If Yes, what was the relationship of that person to you and what type of program(s) did he (she) suggest?
_____
_____

34. Would you please rate the amount of confidence you have that you made the correct decision in placing your child in the program he is now attending:
_____Very confident
_____Fairly confident
_____Slight lack of confidence
_____Serious lack of confidence

35. Have you seen any television programs about deaf children or adults or with a deaf character? Yes____No____

36. Which of the following conditions do you feel is the most educationally handicapping for a young child? (Check one)
_____Deafness
_____Blindness
_____Cerebral Palsy
_____Rheumatic Fever

37. What does the name Gallaudet mean to you? _____
_____

38. Are you a member of the Alexander Graham Bell Association for the Deaf? Yes____No____

39. Do you belong to any association of parents of deaf or hard of hearing children? Yes____No____ If Yes, give name(s)_____
_____

40. Have you ever known a deaf person who is a parent of deaf or hearing children? Yes____No____

YOUR CHILD THIRTY YEARS FROM NOW

Part II.

What will your child be doing thirty years from now? Knowing your child, you may be able to make some good guesses. Place an (X) in the column which indicates the degree of chance you feel there is that the statement will be a true description of your child thirty years from now. If you and your spouse disagree, give both answers and place an (H) after husband's choice and a (W) for the wife's choice.

	Very good chance	Fairly good chance	Some chance	A little chance	No chance at all
1. Will be a college graduate					
2. Will have speech that is easily understood by most people					
3. Will read at about fifth or sixth grade level or below					
4. Will use sign language as his preferred means of communication					
5. Will have more deaf friends than hearing friends					
6. Will be active in PTA, Rotary, Kiwanis or other similar organizations					
7. Will know his neighbors well					
8. Will be thought of as having normal hearing by people who meet him					
9. Will have graduated from a regular high school					
10. Will drive a car					
11. Will depend on speech reading more than on his hearing					
12. Will be married to a person with normal hearing					
13. Will be employed in a semi-skilled or skilled job rather than a profession					
14. Will be close to his brothers and sisters					
15. Will have difficulty in using English correctly					
16. Will be in good health					
17. Will use both oral and manual communication					
18. Will keep in touch with me					
19. Will belong to organizations of deaf and hard of hearing					

Part III.

Many statements and opinions have been expressed about hearing handicapped people. We are interested in learning the reactions that you, as the parent of a hearing impaired child, would have to the following statements. Please read each statement carefully. Circle the letter in front of the response which best expresses what you think of or would do about the statement.

In completing this form, please keep the following points in mind:

1. Everything you write will be kept confidential.

2. Try to circle one response for every question. (If you skip a statement, we will not know what you meant.)

1. Alexander Graham Bell, inventor of the telephone and strong supporter of teaching speech to deaf children, once said that finger spelling was the fastest and most efficient way to teach language to deaf children:

   a. I think he was probably right
   b. I find it difficult to believe that he ever said that
   c. He meant this only for retarded or slow learning deaf children
   d. This is interesting but probably needs some research to prove it or disprove it
   e. Such a statement proves that he never truly believed in the importance of speech

2. Stuckless and Birch (University of Pittsburgh) report that their study has indicated that manual communication (sign language and finger spelling) does not hinder the development of speech in young deaf children

   a. I'd like to get the opinion of the principal of my child's school on that
   b. This is reassuring because I've wondered about that
   c. They probably didn't do a very careful study
   d. They mean that this is true if the child has already developed speech before he is exposed to manual communication
   e. This sounds like propaganda to me

3. There is so much disagreement about education of the deaf that the best thing to do is:

   a. Be sure I've picked the best school and then get information from that school's staff
   b. Read everything I can and then just trust that I've done the right thing
   c. Find out which approach has the most supporters and try that first
   d. Realize that what seems to be best for others may not be best for my child
   e. Read everthing I can and then get the opinion of a school principal or superintendent

4. Some people have said that many fewer deaf people than hearing people are able to go to college

   a. This is probably true because of the deaf child's difficulty in learning
   b. This is only true if the deaf child gets the wrong elementary education
   c. Colleges shouldn't be allowed to discriminate against the deaf that way
   d. These people are talking about previous generations and are unaware of current progress
   e. This seems quite logical to me

5. Alexander Graham Bell said, "I think the use of the sign language will go out of existence very soon."

   a. This has happened
   b. This statement just shows how wrong Bell could be
   c. This will happen soon because of our better teaching methods
   d. Bell would never have said that
   e. This is why it is unnecessary for my child to learn signs

6. Most deaf people marry a deaf person

   a. This is not true
   b. If this is true, it is because of the communication barrier imposed by deafness
   c. This is true only if the deaf have been segregated from contact with hearing people
   d. This is fine if it's what the deaf want
   e. This will not be true of my child because we're treating him as a normal person

7. If a friend of mine discovered that her child was deaf

   a. I'd tell her about the school my child is in
   b. I'd suggest some things she should read about the different types of programs
   c. I would sympathize with her but not interfere with her right to make her own decision
   d. I'd try to get to her before people filled her with wrong information
   e. I would feel obligated to share with her the satisfaction I have now that I've found the right program

8. It is reported that many deaf adults who do not have intelligible speech are successfully employed and well adjusted.

   a. They are rare exceptions
   b. This does not surprise me
   c. They would be even more successful if they could speak
   d. I don't think this is true
   e. Statements like this should not be made as they will discourage parents from teaching their child to talk

9. An oral teacher of the deaf claims that many deaf children can't learn to speak and lipread.

   a. The statement is false and I can't believe a teacher would say that
   b. She probably doesn't know the methods used at my child's school
   c. That's true - she means retarded and visually handicapped deaf children
   d. She shouldn't be allowed to teach
   e. I agree - some can but many can't

10. One of the disadvantages of getting together with other parents whose children are in my child's school is:

a. I know what they think - I want to hear the other side
b. No one of us has the same problems as another parent
c. There are no disadvantages
d. It requires time away from my own family
e. We might support each other's mistakes

11. A deaf adult says that he and his deaf friends don't think speech is very important.

a. He and his friends probably have poor speech - sour grapes
b. I can't imagine anyone, deaf or hearing, saying that
c. Possibly, he and his friends have found satisfactory adjustment without speech
d. This is what can happen if a child is sent to the wrong type of school
e. This is an unfortunate but very common statement

12. We all have too little time. Because of this I should devote my short reading time to:

a. Books and articles whose authors know what they're talking about
b. Topics other than deafness because I have faith in my child's school
c. Learning about methods of teaching the deaf which I disagree with
d. Controversial articles - so I can defend the correct approach
e. Books on manual communication so I can get to know my child better

13. Most deaf people prefer to associate with other deaf people rather than hearing people.

a. This is not true
b. This will not be true of my child if I raise him right
c. I imagine this is true - they understand each other's speech easier
d. This is why deaf children should be taught with regular children
e. If they are happy doing this - that's fine

14. The primary function of an educational program for hearing impaired children is to:

a. Provide short term help which will enable the child to enter a regular school with hearing children
b. Teach the children to hear better
c. Develop speech and speechreading skills
d. Provide appropriate instruction in academic skills, i.e., reading, language, writing
e. Present opportunities for association with hearing children

PARENT'S CHECK LIST

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EDUCATION

Keep this word in mind as you proceed down the page marking the adjective pairs. If you feel the word is close to one end, you should mark your paper like this:

bad __X__:_____:_____:_____:_____:_____:_____ good

or

bad _____:_____:_____:_____:_____:_____:__X__ good

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safe _____:_____:_____:__X__:_____:_____:_____ dangerous

When you have finished one page and made an X between each pair of adjectives, turn the page and begin again keeping in mind each new word at the top of the page.

POINTS TO REMEMBER

1. RESPOND TO EVERY LINE. DO NOT SKIP ANY.
2. DON'T CHECK ANY LINE MORE THAN ONCE.
3. WORK QUICKLY. GO BY YOUR FIRST IMPRESSION.
4. DON'T LOOK BACK OR TRY TO REMEMBER HOW YOU RESPONDED TO OTHER WORDS.
5. BE SURE TO MAKE YOUR MARKS ON THE LINES.

	THIS				NOT THIS	
_____:	X	: _____ :	_____ :	_____ :	_____X_____	:

PRESCHOOL

good	_____:_____:_____:_____:_____:_____:_____	bad
sad	_____:_____:_____:_____:_____:_____:_____	happy
dirty	_____:_____:_____:_____:_____:_____:_____	clean
nice	_____:_____:_____:_____:_____:_____:_____	awful
fair	_____:_____:_____:_____:_____:_____:_____	unfair
disagreeable	_____:_____:_____:_____:_____:_____:_____	agreeable
valuable	_____:_____:_____:_____:_____:_____:_____	worthless
boring	_____:_____:_____:_____:_____:_____:_____	fun
productive	_____:_____:_____:_____:_____:_____:_____	unproductive
useful	_____:_____:_____:_____:_____:_____:_____	useless
harmful	_____:_____:_____:_____:_____:_____:_____	beneficial
important	_____:_____:_____:_____:_____:_____:_____	unimportant

SPEECH

good	_____:_____:_____:_____:_____:_____:_____	bad
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INTEGRATION OF A DEAF CHILD INTO A HEARING CLASS

good	_____:_____:_____:_____:_____:_____:_____	bad
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SPEECHREADING--LIPREADING

good	_____:_____:_____:_____:_____:_____:_____	bad
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HEARING AID

good	_____:_____:_____:_____:_____:_____:_____	bad
sad	_____:_____:_____:_____:_____:_____:_____	happy
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AUDITORY TRAINING

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SIGNLANGUAGE

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HEARING IMPAIRED

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sad _____:_____:_____:_____:_____:_____:_____ happy

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nice _____:_____:_____:_____:_____:_____:_____ awful

fair _____:_____:_____:_____:_____:_____:_____ unfair

disagreeable _____:_____:_____:_____:_____:_____:_____ agreeable

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Name:_____ Grade:_____ Sex:_____ Age:_____

School:_____ Elementary Form

HOW I SEE MYSELF

Developed by Ira J. Gordon, Director, Institute for Development of Human Resources, College of Education, University of Florida, Gainesville, Florida 32601.

1.	Nothing gets me too mad	1	2	3	4	5	I get mad easily and explode
2.	I don't stay with things and finish them	1	2	3	4	5	I stay with something till I finish
3.	I'm very good at drawing	1	2	3	4	5	I'm not much good in drawing
4.	I don't like to work on committees, projects	1	2	3	4	5	I like to work with others
5.	I wish I were smaller (taller)	1	2	3	4	5	I'm just the right height
6.	I worry a lot	1	2	3	4	5	I don't worry much
7.	I wish I could do something with my hair	1	2	3	4	5	My hair is nice-looking
8.	Teachers like me	1	2	3	4	5	Teachers don't like me
9.	I've lots of energy	1	2	3	4	5	I haven't much energy
10.	I don't play games very well	1	2	3	4	5	I play games very well
11.	I'm just the right weight	1	2	3	4	5	I wish I were heavier, lighter
12.	The girls don't like me, leave me out	1	2	3	4	5	The girls like me a lot, choose me
13.	I'm very good at speaking before a group	1	2	3	4	5	I'm not much good at speaking before a group
14.	My face is pretty (good looking)	1	2	3	4	5	I wish I were prettier (good looking)
15.	I'm very good in music	1	2	3	4	5	I'm not much good in music
16.	I get along well with teachers	1	2	3	4	5	I don't get along with teachers
17.	I don't like teachers	1	2	3	4	5	I like teachers very much
18.	I don't feel at ease, comfortable inside	1	2	3	4	5	I feel very at ease, comfortable inside

19.	I don't like to try new things	1	2	3	4	5	I like to try new things
20.	I have trouble controlling my feelings	1	2	3	4	5	I can handle my feelings
21.	I do well in school work	1	2	3	4	5	I don't do well in school
22.	I want the boys to like me	1	2	3	4	5	I don't want the boys to like me
23.	I don't like the way I look	1	2	3	4	5	I like the way I look
24.	I don't want the girls to like me	1	2	3	4	5	I want the girls to like me
25.	I'm very healthy	1	2	3	4	5	I get sick a lot
26.	I don't dance well	1	2	3	4	5	I'm a very good dancer
27.	I write well	1	2	3	4	5	I don't write well
28.	I like to work alone	1	2	3	4	5	I don't like to work alone
29.	I use my time well	1	2	3	4	5	I don't know how to plan my time
30.	I'm not much good at making things with my hands	1	2	3	4	5	I'm very good at making things with my hands
31.	I wish I could do something about my skin	1	2	3	4	5	My skin is nice-looking
32.	School isn't interesting to me	1	2	3	4	5	School is very interesting
33.	I don't do mathematics well	1	2	3	4	5	I'm real good in mathematics
34.	I'm not as smart as the others	1	2	3	4	5	I'm smarter than most of the others
35.	The boys like me a lot, choose me	1	2	3	4	5	The boys don't like me, leave me out
36.	My clothes are not as I'd like	1	2	3	4	5	My clothes are nice
37.	I like school	1	2	3	4	5	I don't like school
38.	I wish I were built like the others	1	2	3	4	5	I'm happy with the way I am
39.	I don't read well	1	2	3	4	5	I read very well
40.	I don't learn new things easily	1	2	3	4	5	I learn new things easily

Name: _____ Grade: _____ Sex: _____ Age: _____

School: _____ Secondary Form

HOW I SEE MYSELF

Developed by Ira J. Gordon, Director, Institute for Development of Human Resources, College of Education, University of Florida, Gainesville, Florida 32601.

1.	I rarely get real mad	1	2	3	4	5	I get mad easily
2.	I have trouble staying with one job until I finish	1	2	3	4	5	I stick with a job until I finish
3.	I am a good artist	1	2	3	4	5	I am a poor artist
4.	I don't like to work on committees	1	2	3	4	5	I enjoy working on committees
5.	I wish I were taller or shorter	1	2	3	4	5	I am just the right height
6.	I worry a lot	1	2	3	4	5	I seldom worry
7.	I wish I could do something with my hair	1	2	3	4	5	My hair is nice-looking
8.	Teachers like me	1	2	3	4	5	Teachers dislike me
9.	I have a lot of energy	1	2	3	4	5	I have little energy
10.	I am a poor athlete	1	2	3	4	5	I am good at athletics
11.	I am just the right weight	1	2	3	4	5	I wish I were lighter or heavier
12.	The girls don't admire me	1	2	3	4	5	The girls admire me
13.	I am good at speaking before a group	1	2	3	4	5	I am poor at speaking before a group
14.	My face is very pretty (good looking)	1	2	3	4	5	I wish my face was prettier (better looking)
15.	I am good at musical things	1	2	3	4	5	I am poor at musical things
16.	I get along very well with teachers	1	2	3	4	5	I don't get along well with teachers
17.	I dislike teachers	1	2	3	4	5	I like teachers
18.	I am seldom at ease and relaxed	1	2	3	4	5	I am usually at ease and relaxed

19.	I do not like to try new things	1	2	3	4	5	I like to try new things
20.	I have trouble controlling my feelings	1	2	3	4	5	I control my feelings very well
21.	I do very well in school	1	2	3	4	5	I do not do well in school
22.	I want the boys to admire me	1	2	3	4	5	I don't want the boys to admire me
23.	I don't like the way I look	1	2	3	4	5	I like the way I look
24.	I don't want the girls to admire me	1	2	3	4	5	I want the girls to admire me
25.	I am quite healthy	1	2	3	4	5	I am sick a lot
26.	I am a poor dancer	1	2	3	4	5	I am a good dancer
27.	Science is easy for me	1	2	3	4	5	Science is difficult for me
28.	I enjoy doing individual projects	1	2	3	4	5	I don't like to do individual projects
29.	It is easy for me to organize my time	1	2	3	4	5	I have trouble organizing my time
30.	I am poor at making things with my hands	1	2	3	4	5	I am good at making things with my hands
31.	I wish I could do something about my skin	1	2	3	4	5	My skin is nice-looking
32.	Social studies is easy for me	1	2	3	4	5	Social studies is difficult for me
33.	Math is difficult for me	1	2	3	4	5	Math is easy for me
34.	I am not as smart as my classmates	1	2	3	4	5	I am smarter than most of my classmates
35.	The boys admire me	1	2	3	4	5	The boys don't admire me
36.	My clothes are not as nice as I'd like	1	2	3	4	5	My clothes are very nice
37.	I like school	1	2	3	4	5	I dislike school
38.	I wish I were built like the others	1	2	3	4	5	I like my build
39.	I am a poor reader	1	2	3	4	5	I am a very good reader
40.	I do not learn new things easily	1	2	3	4	5	I learn new things easily
41.	I present a good appearance	1	2	3	4	5	I present a poor appearance
42.	I do not have much confidence in myself	1	2	3	4	5	I am full of confidence in myself

STRUCTURED PARENT INTERVIEW

Los Altos School District
1977

A. HEARING IMPAIRMENT

1. What was your child's age and date of hearing impaired detection?

2. When did your child first receive special educational help?

3. Are there any special reports or evaluations of your child that are not part of the school records?

4. Any additional health problems affecting your child?

5. Are there any special exercises or training you do at home for HI? Time and regularity.

6. Are there any special problems due to your child's HI (i.e., disciplinary, academic, IP)?

7. What skills do you feel your child has that non-HI children do not?

8. What restrictions in skills does your child have due to HI?

9. Does your child know how to use sign language? Who else in the family? How often does your child use it, and with whom? When do you like your child to use it? When would you like your child not to use it?

10. In general, what is your feeling about the use of sign language?

11. Would you like teachers to use it more, less, not at all?

12. What is your feeling toward audiology? How would you like to see it changed?

13. What would you like to see changed in terms of legislation or State Education Policy for HI children?

B. EDUCATION AND PROGRAM

14. Please tell me what HI or Special Educational Programs (including speech therapies) your child has been enrolled in? (Which did you like, where did your child have the most friends, and what did you like most and least about each?)

15. Did you (and if so, why did you?) choose the HI program your child presently attends?

16. What do you like best about the present school and program?

17. What do you like least about the present school and program?

18. What would you change in the present program?

19. What other schools with HI programs have you investigated? Which ones have you visited?

20. If there were no constraints where would you send your child to school? Why? What are the present constraints?

21. What special training do you feel teachers of HI children need to be effective?

22. What special educational equipment, curriculum and materials do you feel teachers need?

23. Do you know or have you heard of any special curriculum that you feel may be better for your child than the present one?

24. Do you feel you can influence your child's program and the curriculum offered?

25. What special support systems are available to your child, i.e. reading lab, special teacher, speech programs, summer school, etc.?

26. Would you rather have your child in a classroom with other HI children or with non-HI children? Why?

27. What is your child's favorite subject?

28. How is your child doing in: Math, Reading, P.E., Language Development?

29. Do you feel your child's present school encourages parent participation and involvement? How would you like to see it changed? How often have you observed the classroom in the last year?

30. What do you feel are the overall goals of your child's present program? How do you measure or gauge progress?

31. How do you think children should be selected for particpation in your child's HI program?

32. What do you feel are the important factors in determining whether a child should be in self-contained or mainstream (integrated) program?

33. How do you see school administration supporting HI program? How would you like to see it?

C. SOCIAL/INTERPERSONAL

34. What effect does your child's HI have on non-HI children?

35. Are there children with whom you do not wish your child to associate? Why?

36. Does your child's HI bring out any specific teasing from non-HI children?

37. Please list your child's friends or playmates both at school and in the neighborhood? Which have HI?

38. Do you have any friends with HI?

39. How does your child get along with children at school now?

40. What does your child do for fun? Who with and where?

D. GENERAL

41. Do you know of any famous people who were hearing impaired? If so, who?

42. What do you feel your child will be doing as an adult? Do you feel his/her HI will be a major factor?

43. Anything we didn't cover that you feel is important?

44. Any reactions so far?

STRUCTURED STUDENT INTERVIEW

Los Altos School District
1977

A. HOME LIFE

1. Who lives here with you?

   Mother ___ Father ___ Brother(s)___ Sister(s)

   Other___ Relationship ___

   a. Brother(s) name, age and school
   b. Sister(s) name, age and school

2. What does your father do? (occupation)

3. What does your mother do? (occupation)

4. What do you do for fun? (favorite activities, list)

5. Who do you play with the most? (names of sibs, friends, classmates)

   a. For each name: Where does ( ) live, go to school?
   b. For each name: Does ( ) have any hearing problems?
      If yes: name and kind of problem.

B. SCHOOL

6. What grade are you in now?

7. Which school do you go to?

8. What is your teacher's name?

9. What kinds of things do you do in class?

10. What things do you like to do best in class and why?

11. What things do you like to do the least in class and why?

12. Do you like the other students in your class?

13. Which students in your class do you like a lot, most? (names)

14. Why do you like (names) the most, a lot?

15. Do you play with (names) a lot at school, after school, near where you live?

a. Are there any students who you don't like (and why)?

16. Does (names) have any problems with hearing?

17. If you could change anything in your class what would you change (make different)?

18. Do you have a tutor (somebody who helps you with school work)? If yes: name and how often do you see him/her?

19. If 18 no, would you like to have a tutor and why?

20. Are there any students in your class who have trouble hearing? (get names)

21. Would you rather have more students in your class who have trouble hearing and why?

C. SCHOOL-PREVIOUS

22. Did you go to any school, before the one that you go to now?

23. Which one do you like the most (and why)?

24. Did you like it more than the school you go to now (and why)?

25. Of all the schools you've gone to, in which did you have the most friends?

26. Have you ever visited other schools?

a. Which ones?
b. Do you think you would have liked any of those schools (and why)?

27. If you could be in any school, that you've seen or been in before, which one would you choose (and why)?

D. COMMUNICATION

28. Do you know how to use sign language? If yes:

a. When did you learn how to use it?
b. How often do you use it?
c. Do you like to use it?
d. When do you like to use it?
e. When don't you like to use it?

If no:

aa. Do you think you'd like to use it? Why? Why not?

29. Do you know how to read lips? If yes:

a. When did you learn how to use it?
b. How often do you use it?
c. Do you like to use it?
d. When do you like to use it?
e. When don't you like to use it?

If no:

aa. Do you think, you would like to use it? Why? Why not?

E. OTHER

30. What do you want to do when you grow up?

31. Do you think, you really will do it? Why? Why not?

32. What do you like to do by yourself when you're not at school?

33. What do you like to do with friends when you're not at school?

34. Do you belong to any clubs (i.e., scouts) at school? Why? Why not?

35. Do you belong to any clubs in your neighborhood? Why? Why not?

36. Are there any kids in school or the neighborhood that you don't like? Why? (get names and school/neighborhood)

37. Are there any things that you can do that other kids around here can't? What kind?

38. Are there any things that other kids can do that you can't? What kind?

39. How do you spend most of your time outside of school? By yourself, with friends, with others in your family?

STRUCTURED TEACHER INTERVIEW

Los Altos School District
1977

1. What are the overall goals and objectives for the HI children in your program?

   A. How do they differ from the objectives and goals for non-HI children?

   B. How do you measure success in these areas?

2. What do you like best about the present school and program?

3. What do you like least about the present school and program?

4. What special educational equipment, curriculum, and materials do teachers of HI children need?

5. Do you know or have you hear of any special curriculum for HI children that you feel may be better for HI children than the present one?

6. What special training do you feel teachers of HI children need in order to be effective?

   A. Formal

   B. In-service

7. Do you feel you can influence the present program and curriculum? In what ways?

8. How often do you meet with other teachers of HI children in your district? Outside of district? How much sharing of ideas is there? What would you like?

9. In terms of the present program, please tell me what is presently available in the following areas. Then tell me what changes (additions and deletions) you would want if there were no constraints? (Note: after completing, ask teacher what the constraints are that prevent implementation?)

Presently Have	Changes	Constraints
1. Curriculum 2. Materials & Supplies 3. Special support systems & other personnel. (i.e., special teacher, consultants, reading labs.) 4. Administrative-Support		

9. (Continued)

Presently Have	Changes	Constraints
5. Training (formal, in-service, workshops) 6. Teaching methods 7. Parent Involvement		

10. How do you think children should be selected to participate in your HI program?

11. What do you think are the important factors in determining whether a HI child should be in a self-contained or an integrated program?

12. What other schools with HI programs have you investigated? Which have you visited?

13. Please tell me what previous experience you've had with HI children and programs?

    A. What do you like most and least about previous programs?

14. How does a hearing impairment effect a child's social adjustment?

15. How does a hearing impairment effect a child's self concept?

16. What effect does a child's hearing impairment have on non-HI peers?

17. What types of specific teasing does a HI child receive from non-HI peers?

18. How does a hearing impairment effect what a child can do as an adult in terms of professions and vocations?

19. What are the restrictions in recreation for HI children?

20. Do you know of any famous people with hearing impairment?

21. What skills do you feel HI children have that non-HI children do not?

22. What restrictions in skills do children have due to hearing impairment?

23. Are there any special problems due to a child's being hearing impaired? (i.e., disciplinary, academic, IP?)

24. Are there any special exercises or training you do for HI children or recommend parents do?

25. In general, what is your feeling about the use of sign language with HI children?

26. Do you know how to use sign language?

27. What is your feeling regarding the field of audiology? How would you like to see it changed? How would you like to see the role of audiology in educating HI children?

28. What would you like to see changed in terms of legislation or State Education Policy for HI children?

STRUCTURED ADMINSTRATOR INTERVIEW

Los Altos School District
1977

1. What do you see is the overall goal of the program?

2. What are the objectives of the program for the students' academic performance?

3. How well do you think you are doing in terms of meeting your goals and objectives?

4. What kinds of special training do you feel that teachers of HI children should have?

5. Given that this program is an integrated effort, what kind of training would you like to be able to provide to your regular teachers that have HI children in their classroom?

6. Do you know of any program that is available now that can provide special training?

7. To the extent that you are familiar with the kinds of curriculums and materials that you have, how would you rate their adequacy for this kind of program?

8. Do you know or have you heard of any special curriculum that you feel might be better, being used now?

9. What do special teachers need that may not be available now in curriculum and materials? And then, what do the regular teachers need to help HI students in their classes?

10. Do you know of any program now that helps modify curriculum to individual students?

11. If yes, what is the major constraint in utilizing that program, to provide in-service training for your teachers?

12. What kinds of special support systems, like reading labs, special teachers, speech programs, summer school, do you have in the district?

13. Rate the adequacy of the specialists you have just named.

14. What other special support? How would you rate the need for special support other than what you have?

15. How big do you think a (regular) classroom that has a HI child should be?

16. How big are your current classrooms?

17. Do you feel the present program encourages parent participation and involvement?

18. Would you be surprised if parents felt that opportunities weren't made available for them to become involved?

19. How do you see the role of the adminstration in supporting this kind of a program?

20. What is the goal of the adminstration for the hearing impaired program?

21. Would you rate how well that adminstrative goal is being met, and what are the major constraints?

22. With the variety of programs you have responsibility for, are you spread too thin?

23. Let's talk a little about the money. How much money do you spend on a HI student,in addition to the amount of money you spend on a regular student?

24. Given the recources available for the HI program, how well is the program meeting the objectives we talked about earlier?

25. Overall, how would you rate the adequacy of the program? (1 to 5 scale)

26. How well trained are your teachers? (1 to 5 scale)

27. How do you measure progress in this program from your point of view?

28. How would you rate the parents' perception of basic education? (1 to 5 scale)

29. How weel do the parents feel their children are doing in the program?

30. What is the role of audiology?

31. What would you like to see change in terms of legislation and/or state education policies for the HI?